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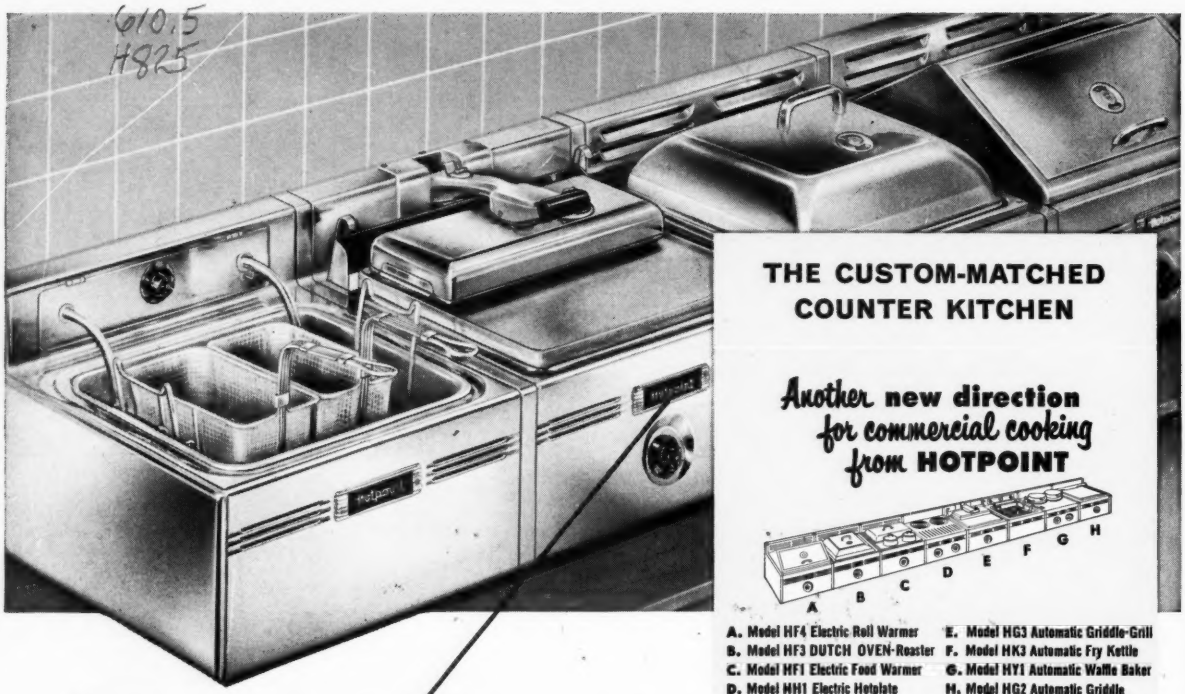

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Hospital Management

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as others see us

Barbaric practice

Reprinted by permission from the Providence Journal-Bulletin *of May 21, 1951.*

■ HE COULDN'T sleep, poor fellow. The nurse had given him little gray pills but he couldn't sleep. He lay in the dark on the smooth, tight sheet of the hospital bed counting the steeple clock. Three times the bell had struck one o'clock. It didn't make sense. Only when the clock struck two did the mystery resolve itself.

Two? Ha! Why two o'clock? But after that he got to wondering what they'd done with his gall bladder. Not that he wanted it back. No, no. Still, it was . . or had been . . part of him, part of his personality. You know how it is around two in the morning. He got to wondering how much of him they could cut out and throw away and still leave HIM . . . when he awoke the steeple clock struck one again.

He lay there and gradually one leg began to grow longer than the other. He lay there but at the same time saw himself going out the door on a leg that was a foot longer than the other and swinging the short one idiotically like a pendulum . . . when he awoke the clock again struck one. He was losing his mind. Does the loss of a gall bladder affect the mind? If he could only sleep . . sleep . . .

He did sleep. After hours of lying there he sank into a deep, blissful sleep. But he'd no sooner hit bottom than someone began tugging at his pillow, moving his head, somebody with a basin. Go away! She wouldn't go. Of all the cruel injustices! All the night's weariness came back.

She was the nicest, most tactful person in the world. But cruel. Come to torment him. Made of iron. Every time he felt himself slipping back to sleep, she roused him, stirred him up, banged the basin. Go away! She wouldn't go. Hospital regulations. One of the oldest, most barbaric regulations on the list. She'd come at crack of dawn to wash his face.

Note: There's a humane movement afoot to do away with the "barbaric routine of early face-washing" in hospitals. Get behind it at the first opportunity. Yell. Kick. Squirm. Turn over on your dirty face. Anything for the cause.

The cover picture

■ EVERY TUESDAY at 9 a. m., Ray E. Brown, in the foreground, superintendent of the University of Chicago Clinics, meets with these assistant superintendents and department heads to coordinate and direct the work of the hospitals shown at top.

Those present for the picture are, clockwise from lower left: Mildred H. Mitchell, assistant superintendent in charge of Lying-In Hospital; Ella M. Eck, chief dietitian; Frank Proudfoot, chief engineer; Irvin G. Wilmot, manager of Outpatient Department; Carolyn Henning, secretary to Mr. Brown.

At the far end of the table is James A. Connelly, assistant superintendent; and continuing left to right, Harry A. Blythe, assistant superintendent; Marie T. Neher, executive housekeeper; Dorothy M. Morgan, director of nursing; Eleanor W. Kleiberg, chief accountant; Florence M. Hatter, chief pharmacist; Sophie Zimmermann, personnel relations, and Ann Kirchner, director of nursing at Lying-In.

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new how's business department with the american association of hospital accountants

by F. James Doyle

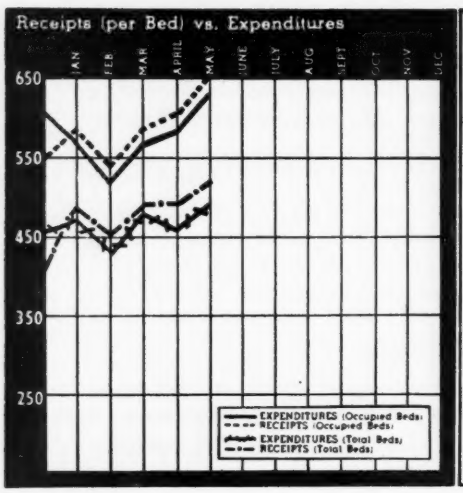
■ A MARKED AND LAMENTABLE decrease in the number of replies received this month (at least in time for incorporation on these pages) probably reflects the shortages of personnel caused by vacation absences . . and perhaps explains some of the minor eccentricities in the current presentation.

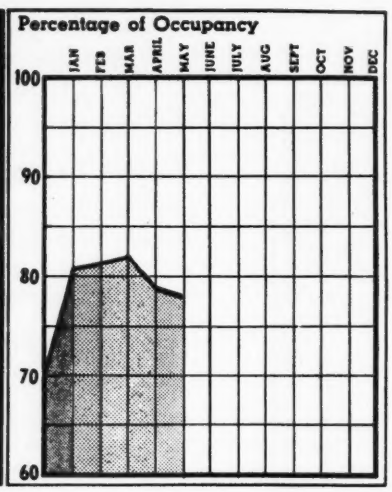
A topic which concerns a possible change in HB data is under consideration. This has to do with recording the number of admissions per bed per month, as the best criterion of efficiency and maximum utilization of facilities in the hospital. Such a gauge has been advocated for some time by so distinguished a figure as C. Rufus Rorem, executive secretary of the Hospital Council of Philadelphia.

The substitution of this information for over-all percentage of occupancy figures might be a move which would increase the value of this department to its readers.

. . What do readers think of the proposal?

National Averages





Average Monthly Occupancy (on 100 per cent basis)

March, 1949	84.19
April, 1949	87.53
May, 1949	81.62
June 1949	73.38
July, 1949	77.46
August, 1949	77.90
September, 1949	81.20
October, 1949	80.16
November, 1949	79.90
December, 1949	71.28
January, 1950	78.25
February, 1950	80.44
March, 1950	79.20
April, 1950	77.67
May, 1950	76.54
June, 1950	76.26
July, 1950	73.38
August, 1950	74.90
September, 1950	73.62
October, 1950	77.10
November, 1950	76.63
December, 1950	71.57
January, 1951	80.58
February, 1951	81.82
March, 1951	82.05
April, 1951	78.60
May, 1951	**76.98**

Av. Operating Expenditures Per Occupied Bed Per Month

May, 1950	568.11
June, 1950	533.45
July, 1950	568.72
August, 1950	583.55
September, 1950	548.11
October, 1950	582.56
November, 1950	578.46
December, 1050	610.44
January, 1951	568.78
February, 1951	520.72
March, 1951	564.51
April, 1951	580.44
May, 1951	**623.84**

Average Patient Receipts Per Occupied Bed Per Month

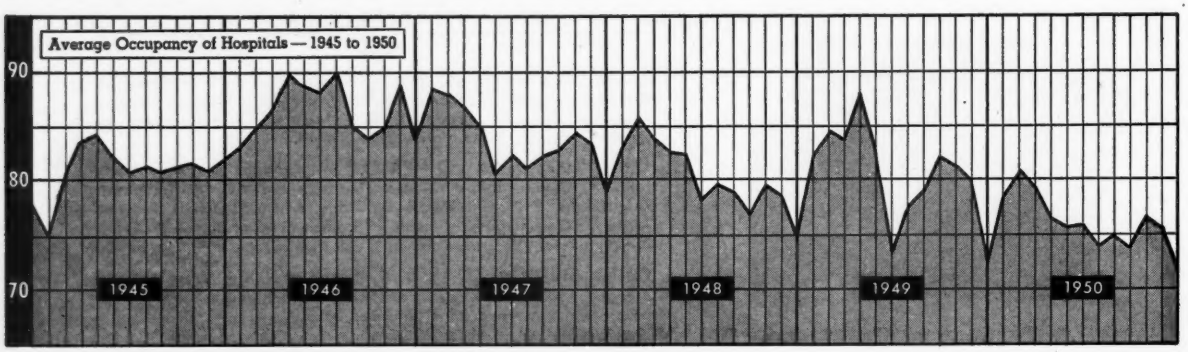
May, 1950	553.93
June, 1950	524.74
July, 1950	562.10
August, 1950	560.05
September, 1950	543.17
October, 1950	560.20
November, 1950	553.49
December, 1950	550.19
January, 1951	574.86
February, 1951	543.16
March, 1951	579.46
April, 1951	606.60
May, 1951	**664.22**

Av. Operating Expenditures Per Bed Per Month (Total Beds)

May, 1950	434.83
June, 1950	406.82
July, 1950	417.33
August, 1950	434.61
September, 1950	408.50
October, 1950	421.30
November, 1950	443.28
December, 1950	452.03
January, 1951	467.08
February, 1951	432.10
March, 1951	471.00
April, 1951	460.21
May, 1951	**488.40**

Average Patient Receipts Per Bed Per Month (Total Beds)

May, 1950	423.98
June, 1950	413.03
July, 1950	412.27
August, 1950	424.68
September, 1950	407.75
October, 1950	431.56
November, 1950	424.15
December, 1950	405.18
January, 1951	472.07
February, 1951	450.90
March, 1951	483.47
April, 1951	488.87
May, 1951	**520.01**



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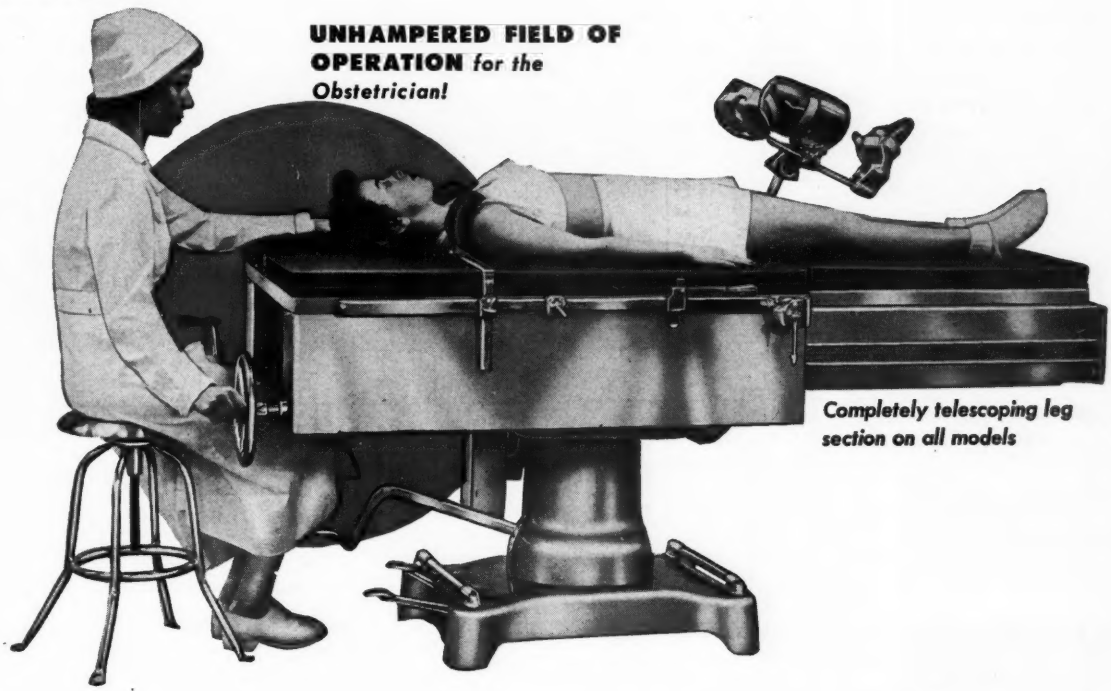

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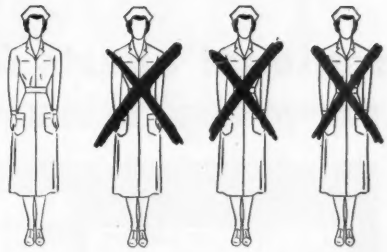
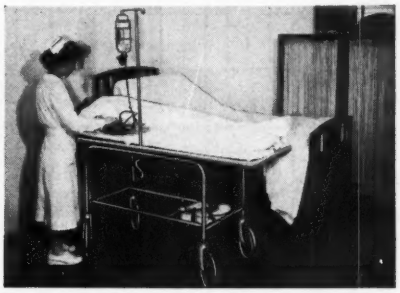
May 1951 regional how's business report

REGION →	NEW ENGLAND Connecticut, Maine, Mass., N. H., R. I., Vermont			MIDDLE ATLANTIC New Jersey, New York Pennsylvania			SOUTH ATLANTIC Del., Fla., Ga., Md., N. C., S. C., Va., W. Va., D. C.			SOUTH CENTRAL Ala., Ky., Miss., Tenn., Ark., La., Okla., Texas		
NO. OF BEDS	1-100	101-225	226-up	1-100	101-225	226-up	1-100	101-225	226-up	1-100	101-225	226-up
AV. NO. OF ADULT PATIENT DAYS	1,392	3,461	9,631	1,234	4,268	8,755	1,170	3,800	9,118	1,414	4,072	9,095
% of OCCUPANCY	77.42%	76.86%	83.18%	64.82%	82.88%	86.90%	46.03%	79.85%	80.91%	78.62%	78.47%	87.72%
EXPENSES BY DEPTS.	Per Patient Day						Per Patient Day					
Administration	$1.20	$2.60	$2.47	$1.14	$2.00	$1.70	$1.31	$1.55	$2.18	$1.60	$1.84	$1.85
Dietary	2.67	2.85	3.31	2.57	3.23	2.94	3.22	3.71	3.35	2.82	2.83	2.91
Housekeeping	.57	.95	1.22	.49	.99	.88	1.41	.89	.93	.64	.94	.89
Laundry	.35	.50	.43	.37	.44	.39	.69	.44	.58	.47	.41	.35
Plant Operation	1.63	1.64	1.97	.91	1.70	.99	1.01	1.23	1.39	.48	.98	1.24
Medical & Surgical	.53	1.23	1.22	1.11	1.06	.88	1.29	1.76	1.74	2.66	.98	1.23
O. R. & Del. Rms.	.49	1.42	.64	.53	.72	.80	.91	1.12	1.43	.68	1.38	1.30
Pharmacy	.55	.99	.92	.74	.94	.66	.84	.15	1.08	1.30	.98	1.52
Nursing	3.40	4.75	4.48	3.72	4.16	4.06	4.58	3.95	4.83	3.80	4.90	4.23
Anesthesia	.26	.68	.37	.33	.46	.35	.48	.31	.66	.72	.52	.46
Laboratory	.49	1.30	1.02	.45	.98	.76	.57	.72	1.08	.60	.85	1.17
X-ray	.60	1.46	.78	.75	.87	.60	.20	.75	.73	.56	.61	.77
Other special services	.27	.62	.65	.06	.39	.31	.98	.57	.71	.33	.82	.51
TOTAL EXPENSES	17,857	70,282	189,456	15,778	75,358	133,283	18,575	66,473	191,914	20,870	72,806	170,471
TOTAL CHARGES TO PATIENTS	18,528	82,033	203,845	17,371	76,559	150,557	19,512	71,217	195,574	23,580	75,538	186,159
OPERATING INCOME PER PATIENT DAY	13.31	23.70	21.17	14.08	17.94	17.20	16.68	18.74	21.45	16.68	18.55	20.47
OPERATING EXPENSES PER PATIENT DAY	12.83	20.31	19.67	12.79	17.66	15.22	15.88	17.49	21.05	14.76	17.88	18.74

REGION →	EAST NORTH CENTRAL Illinois, Indiana, Michigan Ohio, Wisconsin			WEST NORTH CENTRAL Kans., Iowa, Minn., Neb., N. D., S. D., Mo.			MOUNTAIN STATES Ariz., Colo., Idaho, Mont., Nev., N. M., Utah, Wyo.			PACIFIC COAST California, Oregon, Washington		
NO. OF BEDS	1-100	101-225	226-up	1-100	101-225	226-up	1-100	101-225	226-up	1-100	101-225	226-up
AV. NO. OF ADULT PATIENT DAYS	1,708	3,960	11,454	1,315	3,863	7,454	1,997	3,606	7,476	1,440	3,993	7,700
% of OCCUPANCY	83.00%	84.21%	85.49%	68.42%	72.56%	61.89%	72.56%	77.16%	78.64%	84.46%	74.12%	81.26%
EXPENSES BY DEPTS.	Per Patient Day						Per Patient Day					
Administration	$1.54	$1.62	$2.26	$1.46	$1.62	$1.14	$1.32	$1.27	$1.44	$2.57	$3.77	$3.69
Dietary	2.22	3.01	3.78	2.23	3.22	3.58	2.73	2.91	2.58	2.92	3.56	3.81
Housekeeping	.78	.85	1.27	.62	1.06	1.00	.86	.70	1.09	1.14	1.52	1.61
Laundry	.52	.50	.68	.36	.51	.70	.31	.34	.46	.59	.79	.66
Plant Operation	1.15	1.03	1.79	1.86	1.26	1.72	.76	.83	1.04	1.17	1.63	1.65
Medical & Surgical	1.34	1.59	1.74	1.12	1.23	1.08	.87	.55	.93	1.44	1.12	1.56
O. R. & Del. Rms.	1.01	.93	1.08	.50	1.57	.89	1.30	.95	1.40	1.81	2.00	2.16
Pharmacy	.85	1.04	1.09	—	1.31	1.62	1.16	1.10	1.30	1.38	1.12	2.09
Nursing	4.48	4.37	5.35	4.15	4.57	5.32	4.21	4.00	4.90	5.58	8.61	7.16
Anesthesia	.36	.48	.45	.30	.37	.25	.29	.51	.44	—	.28	.48
Laboratory	.79	.97	.97	.40	1.14	1.51	.81	.81	1.09	4.05	1.61	1.73
X-ray	1.12	1.04	.88	.49	.60	.64	.38	.70	.58	2.79	1.07	1.58
Other special services	.23	.59	.53	.09	.46	.71	.51	.14	.16	.96	.98	.21
TOTAL EXPENSES	27,400	71,025	253,274	18,859	71,760	152,123	37,604	53,270	133,719	32,546	117,807	233,179
TOTAL CHARGES TO PATIENTS	30,081	80,550	259,765	19,596	77,190	162,589	34,980	57,944	143,393	42,218	113,798	243,898
OPERATING INCOME PER PATIENT DAY	17.61	20.34	22.68	14.90	19.98	21.81	17.52	16.07	19.18	29.32	28.50	31.68
OPERATING EXPENSES PER PATIENT DAY	16.04	17.94	22.11	14.34	18.58	20.41	18.83	14.77	17.88	22.60	29.50	30.28

One Nurse Does the Job of Many





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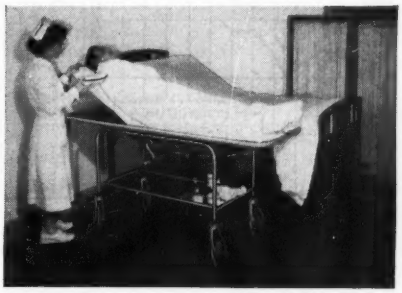

The Hausted stretcher quickly adjusts to the Fowler position. One piece of equipment does all the jobs of patient transportation needed. Safety side rails and restraining straps are important features.

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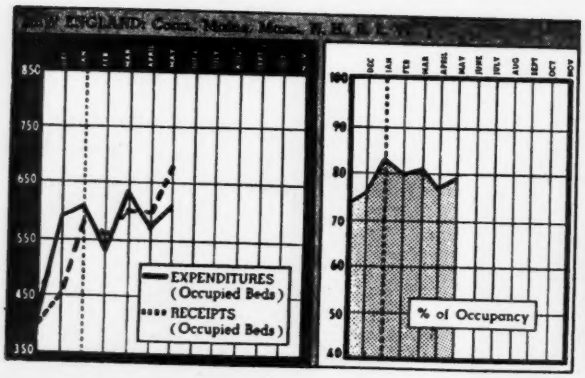

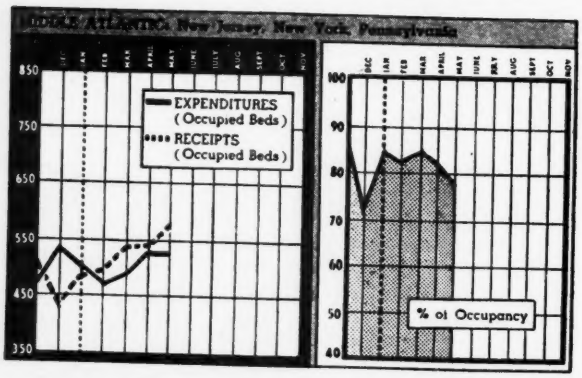

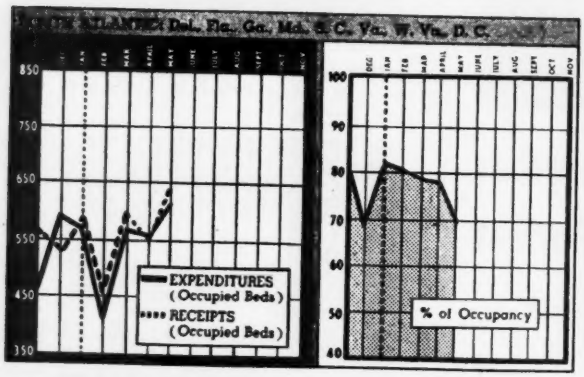

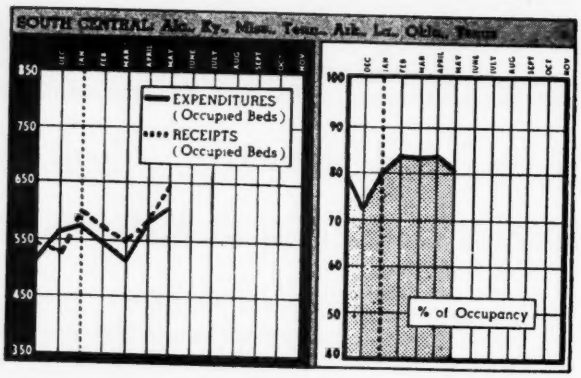

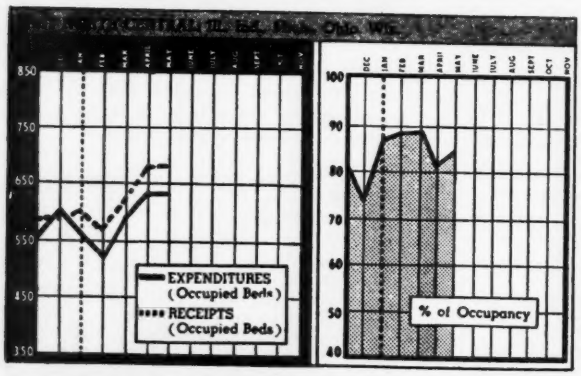

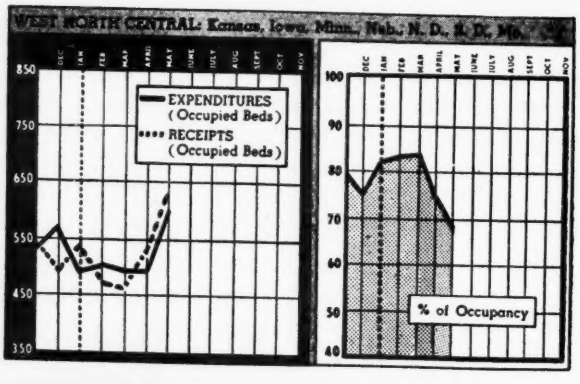

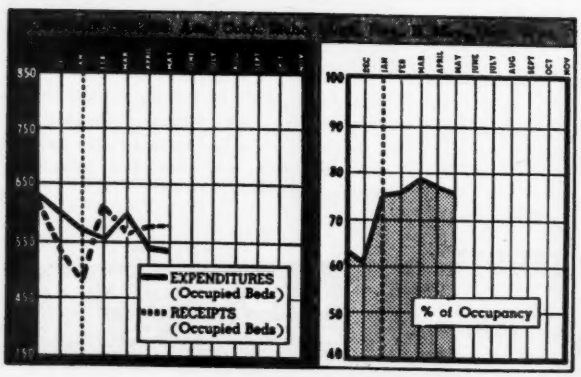

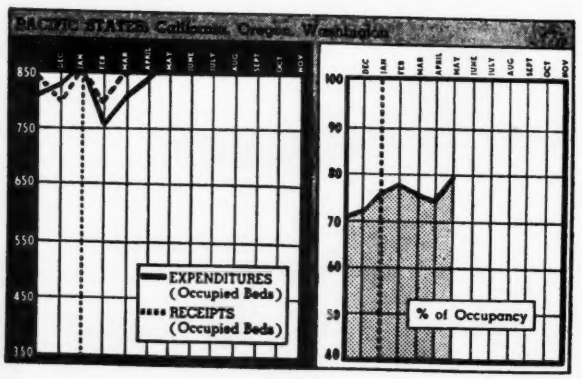

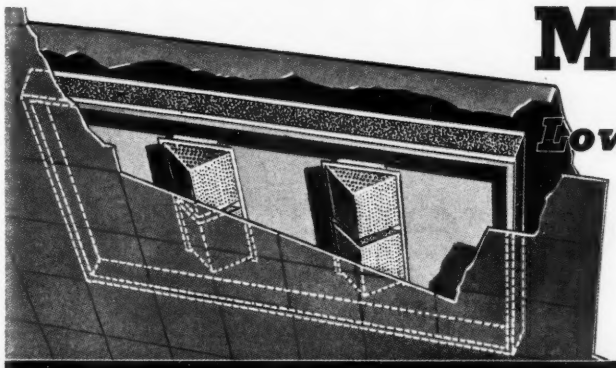

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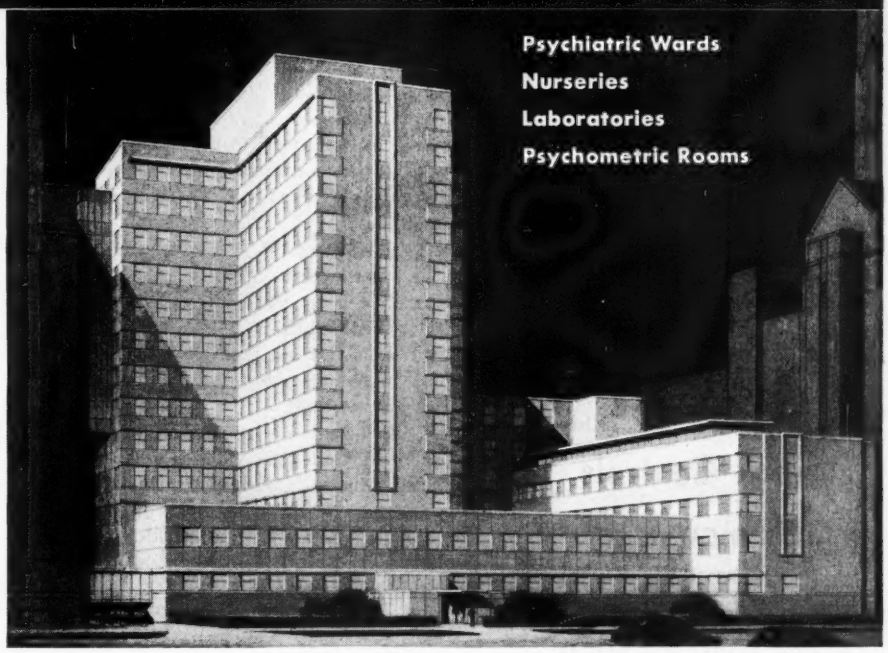

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NEW MOUND PARK HOSPITAL, St. Petersburg, Florida
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SOMERSET STATE HOSPITAL, Somerset, Penn.
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letters

Negro doctors on medical staff

■ TO THE EDITOR . . . At the regular meeting of the board of directors of Davis Hospital, June 14, 1951, two Negro doctors were elected for the first time in its history to the medical staff of the hospital. The newly elected members are Dr. C. A. Lawlah and Dr. C. A. Flowers, well known physicians of Pine Bluff, Ark. This is the first time that Negro doctors have been given this opportunity in Pine Bluff. It is believed Davis Hospital is the first and only hospital in Arkansas to admit Negro doctors to the staff.

Dr. Lawlah is a graduate of Moorehouse College, Atlanta, Ga., and Rush Medical College, Chicago, Ill. He served his internship at Provident Hospital, Baltimore, Md., and a residency at Flint Goodrich Hospital, New Orleans, La.

Dr. Flowers is a graduate of A. M. & N. Negro College, Pine Bluff, Ark., and Meharry Medical College, Nashville, Tenn. He served his internship at George W. Hubbard Hospital, Nashville, Tenn., and a residency at McRae Memorial Tuberculosis Sanatorium, Alexander, Ark.

The old Davis Hospital building was opened in 1909 and was used until the new Davis Hospital building was opened in 1943 when all patients were moved to the new building. Since that time, the old building has been used for nurses' living quarters, storage, etc. In 1949 the fourth floor of the old building was renovated and twenty-seven beds and a Negro delivery room and nursery were set up.

Since Negro doctors have been admitted to the staff, the third floor of the old building has been completely renovated and thirty additional beds will be set up as needed. The second floor of the old building will be renovated if needed, and another thirty beds added.

Additional Negro registered nurses are needed to care for the added patient load.

R. C. Warren,
Administrator.

Davis Hospital,
Pine Bluff, Arkansas.

Pays tribute to polio workers

■ TO THE EDITOR: On behalf of the National Foundation for Infantile Paralysis and the thousands of American families who support its fight against infantile paralysis I want to thank the fine men and women in the various branches of the medical profession who served poliomyelitis patients so willingly and competently during 1950, the second highest year of polio incidence in the history of the United States.

The doctors, nurses, physical therapists, non-professional and volunteer hospital personnel . . . all who make up the polio medical team . . . deserve our warm tribute. They are the ones, in the final analysis, who can give the poliomyelitis patient the thing he seeks: an opportunity to return to his family and to his community a whole person. Through his acute illness and through the long re-education and rehabilitation period needed by the severely handicapped, the polio patient needs not only the skill of each member of the medical team but also their personal interest, the strength of their encouragement, the understanding of his own problem which only they can give him. Unstintingly they have

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given this service to the poliomyelitis patient.

The American people who support the National Foundation make possible its program of providing financial aid to needy polio patients and of supplementing existing polio facilities and personnel in communities hit by epidemic. We can be successful, however, only in proportion to the cooperation we receive from hospitals and the many and varied personnel needed to serve the polio patient. Without their help we would not have been able to meet the heavy onslaught of polio in these past few years.

The National Foundation for Infantile Paralysis is deeply grateful to all those whose services helped to bring to each poliomyelitis patient his full chance for recovery.

Basil O'Connor,
President.

The National Foundation for Infantile Paralysis, Inc.,
New York City.

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A subscriber in the Congo

■ Messieurs: J'ai l'honneur de vous prier de bien vouloir me reserver un abonnement, a dater du 1 er janvier 1951, a la revue HOSPITAL MANAGEMENT.

Veuillez me faire parvenir votre facture au nom de: "Medecin Provincial du Kivu" en trois exemplaire revetus de la mention "Certifie sincere et veritable et arrete a la somme de ....."datee et signee.

Veuillez agreer, Messieurs, l'assurance de ma consideration distinguee.

Pour le Medecin Provincial,
Le Medecin Provincial Assistant,
Dr. A. Seldeslachts
Service Medical Provincial,
Province du Kivu,
Congo Belge.

Information on new foods

■ TO THE EDITOR: In the March 1951 HOSPITAL MANAGEMENT I read Mr. Howard P. Galloway's article on "New food developments point way to easing kitchen problems."

Please quote prices and give complete information on milk, vegetables, soups and meats (pre-cooked rice), frozen foods (potatoes that need only hot water, fluff and serve).

Antonia Ramos,
Director.
Clinica Quirurgica Dr. Pila
y Asociacion de Hospitales,
Ponce, Puerto Rico.

■ EDITOR'S NOTE: The best source of information on these subjects is your local supplier of processed foods.

Congratulations on new format

■ TO THE EDITOR: . . . May we add our congratulations on the new format of HOSPITAL MANAGEMENT. Not only is the cover distinctive but the headings of the various articles and departments are attractive and pinpoint the particular article much better than formerly. We find the regional How's Business reports to be an excellent source of material with which we compare our departmental and overall costs.

Haydn M. Deaner,
Administrator.
The Truesdale Hospital,
Fall River, Massachusetts.

Physical medicine congress in July 1952

■ TO THE EDITOR: I am enclosing an announcement of the organization of an International Congress of Physical Medicine, to be held July 14 to July 19, 1952. . .

The rapid development of physical medicine and rehabilitation throughout the world and the fine organization which has been established in London gives assurances that the International Congress will be an extremely successful one. . .

Frank H. Krusen, M.D.,
Chairman.
Administrative Board,
Baruch Committee on Physical Medicine and Rehabilitation,
Chicago, Illinois.

■ EDITOR'S NOTE: Those who wish to receive the provisional program for this meeting should address their requests to the Honorary Secretary, International Congress of Physical Medicine (1952) . . 45, Lincoln's Inn Fields, London, W.C. 2.

Reprints wanted for hospital wards

■ TO THE EDITOR: I read your recent article, "Nurses' relation to hospital liability," by Renzo Dee Bowers.

I would like very much to know if you have any reprints of this article so that I might distribute them to our hospital wards. I am very anxious that the nurses have some idea of the material covered in this article.

If you have reprints I would like to have at least ten and charge to the hospital.

Doris H. Hinds,
Director.
School of Nursing and Nursing Service,
Leominster, Massachusetts.

■ EDITOR'S NOTE: Unfortunately no reprints are available. Tear sheets are being forwarded for posting on the bulletin board.

Reprints

■ TO THE EDITOR: Our hospital subscribes to your magazine . . . HOSPITAL MANAGEMENT. As chief pharmacist I . . . find it a very useful and informative journal.

I notice you conducted a survey on methods to keep pharmacy records. Would you be good enough to send me a reprint of the outcome?

Grace MacDonald,
Pharmacy Department.
The Mountain Sanatorium,
Hamilton, Canada.

■ EDITOR'S NOTE: You probably are referring to Ruth C. Moote's fine article on "How large and small hospitals can keep proper pharmacy records" which appeared in the October 1947 HOSPITAL MANAGEMENT. A reprint is being forwarded.

■ TO THE EDITOR: You have helped us before.

You would be helping us again if you could give us any information to write an editorial to stimulate public reaction that a hospital is a community asset and responsibility.

Any help will be appreciated.

Fred Mashburn,
Assistant Administrator.
Rodda-Van Gorder Hospital,
Andrews, North Carolina.

■ EDITOR'S NOTE: Bryce Twitty's Dec. 1948 article being forwarded.

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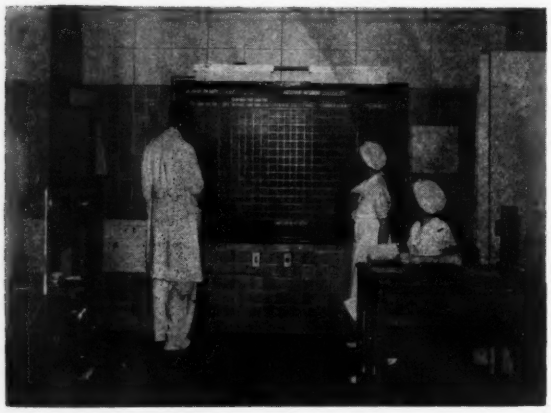
"...to talk of many things"

Identification procedure for newborn babies at Chicago Lying-In Hospital



Maternity time table

Identification of the newborn

■ THE FOLLOWING ITEMS are used in the identification procedure for newborn babies at the Chicago Lying-in Hospital and Dispensary:

1. . Piece of adhesive tape 4 inches long and 1¾ inches wide, marked with a rubber stamp with spaces for name, sex, number, doctor's name and date.
2. . Dennison waterproof fiber tab attached to cord tie or cord clamp.
3. . Two pieces of smooth finish white tape 9/16 inch wide and 3 inches long. Each pair of tapes is prenumbered by a stamping machine to correspond with the number on the fiber tag.

Marking and identification . . Immediately after delivery the infant is wiped with a towel and one prenumbered tape is tied on the wrist. The scrub nurse calls this number out loud, and hands the duplicate tape to the circulating nurse, who ties it on the mother's wrist.

As the cord is tied, the doctor calls the number from the fiber tag, which is attached to either clamp or cord tie.

The head nurse in the delivery room fills in the adhesive tag and as soon as the infant is given to the circulating nurse this tag is placed on its back. The wrist number is then sewed on the infant's wrist. The infant thus leaves the hospital with two identifications . . wrist number and adhesive tag.

Two identification slips . . are filled out. One is filed with the hospital record and the other is given to the mother. Each bears the newborn's name, date of delivery (and time), sex, weight and wrist number. The finger prints of the mother's right hand and the palm prints of both the infant's hands are also recorded on each slip. ■

How a Chicago hotel man is waging his own war on ulcerative colitis

■ A CHICAGO hotel man who has worked anonymously among his friends to raise funds for research in ulcerative colitis, the exact cause of which is unknown, now sees the results of his medical evangelism in a newly equipped laboratory at the University of Chicago clinics.

On a door to the laboratory is a plaque, dedicated to Leo Wallach, partner of the Fort Dearborn Hotel, Chicago, who for two years has been a contributor and a fund-raiser for the work of a team of University of Chicago investigators.

The plaque was dedicated May 3, 1951 with Chancellor Lawrence A. Kimpton, President Ernest C. Colwell, Dr. Lowell T. Coggeshall, Dr. Walter Palmer and Dr. Joseph B. Kirsher speaking at the ceremony.

Mr. Wallach, who became interested in ulcerative colitis research when his son, a physician, became ill, has installed a complete scientific laboratory for the investigators and is planning additional facilities.

Friends and business associates of Mr. Wallach and his son, numbering almost 100, have contributed generously for the purchase of drugs for ulcerative colitis patients unable to afford the medication and for research.

U. of C. awards honorary degrees to three

■ DR. ALFRED BLALOCK, distinguished Johns Hopkins surgeon who introduced the blue-baby operation, was awarded the honorary degree of doctor of science by the University of Chicago at its two hundred and forty-sixth convocation June 15, 1951.

Other recipients of the degree, awarded by Chancellor Lawrence A. Kimpton, were Dr. Robert Frederick Loeb, director of the Presbyterian Hospital medical service, New York City, and Columbia University Bard professor of medicine, who has made important contributions to the understanding of human physiology and disease, and Wolfgang Kohler, one of the world's foremost psychologists and professor of philosophy and psychology at Swarthmore College.

New Hospital

Webster System Radiators, taking no useable room space, were engineered into sanitary enclosures integrated with the window construction. Metal front provides easy access if necessary. Each convector has a built-in radiator trap and valve, permitting 100% heat shut-off—no dampers are needed.

Operation of the institution is under the direction of the Sisters of the Third Order Regular of St. Francis. Included in the Hospital is the Bishop's suite and a chapel seating 250.

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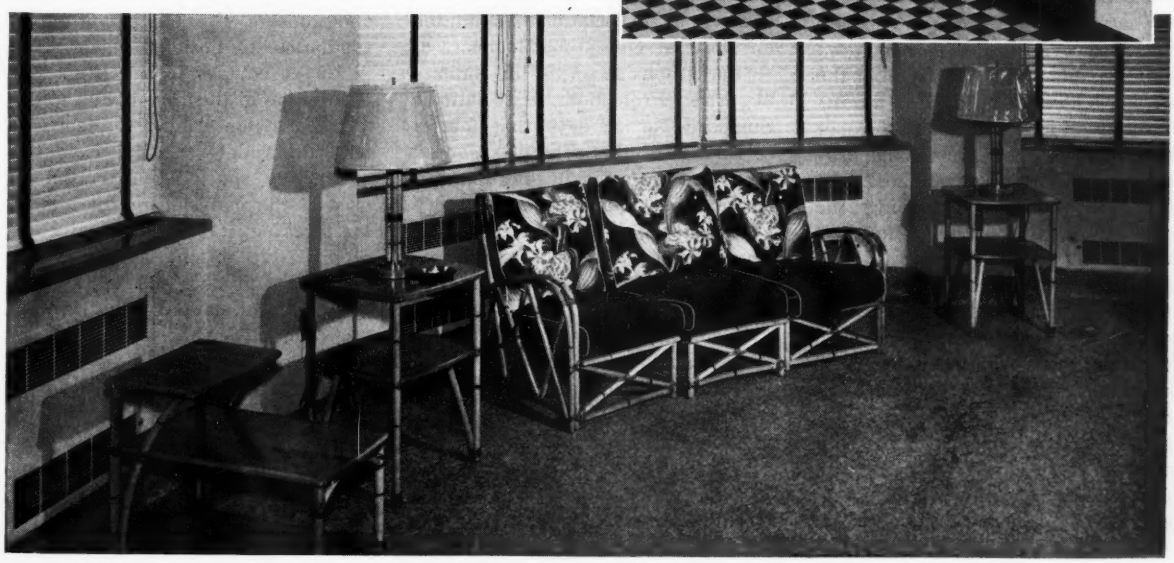
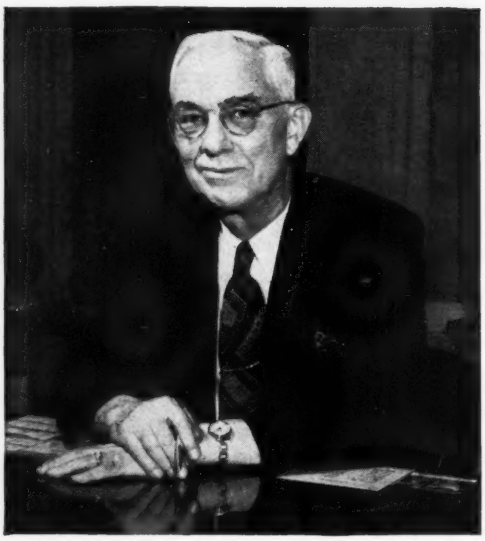
Chief Engineer A. D. Bradley uses master key for heat shut-off at individual radiators. Shown at bottom of page is one of 14 solariums.



Dr. Ferguson's mailbag

Any Questions?

Send your questions for this page to Editorial Department, Hospital Management, 200 E. Illinois St., Chicago 11.



Hospital standardization problems and answers

Dr. Paul S. Ferguson, who has succeeded Dr. Malcolm T. MacEachern as director of the hospital standardization program of the American College of Surgeons, and who will continue the work of answering hospital standardization questions on this page

■ PROBLEM: An administrator writes: I am sure this question comes up regularly but again I would like your opinion. The medical staffs of the two hospitals in our town want to combine the monthly staff conference. What would be your reaction to this procedure?

■ ANSWER: In every known instance where the plan has been tried the programs failed to accomplish their primary purpose, that is, a thorough review and analysis of the clinical work of the individual hospital. Therefore, I would advise strongly against the practice of holding joint medical staff conferences. One of the most important factors in the support of high standards achieved to date is the well organized medical staff and the periodic clinical review in each hospital.

Standardization requirements are not at all severe. All that is required is a free and frank discussion of the work which is being done in the institution on its own cases and proper abstracts of these discussions, procedures and decisions rendered. The proposed plan of combining the meetings of two or more hospitals is entirely impractical so far as meeting one of the essential requirements is concerned . . a thorough review and analysis of the clinical work of the hospital by the medical staff at a regular meeting once each month throughout the year. Such a plan would be only a make-shift effort to comply in letter rather than in spirit and certainly would not be a gain for the hospitals involved.

■ PROBLEM: A chief of surgery writes: What is your opinion on the question of nurses wearing nylon stockings in the operating suite?

■ ANSWER: The following answer was secured from Mr. Roy Hudenburg, secretary of the National Fire Protection Association Committee on Hospital Operating Rooms:

"Paragraphs 13 - 7, of the National Fire Protection Association's Standard No. 56 says that fabrics of silk or synthetic textiles should never be permitted in anesthetizing locations as outer garment, hosiery or non-apparel. As you may discover, this requirement is practically non-enforceable insofar as hosiery is concerned.

"Practically, the intent of the committee was to recommend the wearing of cotton feet in hosiery but the committee felt that it would be practically impossible to enforce this regulation since cotton hosiery can readily be detected at sight, but close inspection is necessary to determine the material in the feet of hosiery if nylon is permitted in the upper part.

"From the standpoint of creating static, silk, wool and synthetic materials should not be used as loose outer garments, such as uniforms and trousers. The application of the regulation to hosiery, however, is in direct contact to the skin. The prohibition in this case is due to the fact that nylon around the feet will tend to insulate the feet from the conductive shoe. When cotton is used as the material for the foot of the stocking, it becomes conductive rapidly due to the absorption of moisture and does not impede the dissipation of static charges through the conductive shoe.

"Therefore, if the hospital, the surgical staff and the surgical supervisor can regulate with assurance the type of hosiery used, there is no objection to the wearing of a nylon stocking, providing there is a cotton foot."

July · 1951

hm

Hospital Management

This is a very special number of HOSPITAL MANAGEMENT. Through the close and generous cooperation of Ray E. Brown, superintendent of the University of Chicago Clinics, his staff and department heads, HM dedicates an entire issue to a presentation of every operational phase of this world-renowned medical group. Realizing the value, importance and interest of this material (which is unavailable elsewhere), the editors curtailed the space allotted to "Who's Who in Hospitals," and . . for this month . . omitted the standby departments of "Gifts," "Law" and "Books." We believe that this number of HM will be regarded as a sourcebook of information and inspiration for a long time to come.

The University of Chicago Clinics

Teaching and research in the University of Chicago Clinics

by **Lowell T. Coggeshall, M. D.** Dean, Division of Biological Sciences

■ ALTHOUGH the University of Chicago has furnished instruction for pre-medical students since it opened in 1892, clinics and clinical departments were not available on the campus until 1927. Starting a new school at that time provided opportunities to put into practice many new ideas for medical education, research, and clinical care. As Abraham Flexner pointed out long ago, major changes rarely occur except when a school is completely reorganized or first established.

There are several differences in the organization of the University of Chicago Clinics and Medical Schools from those of other institutions. One of the most important is the completely full-time staff. Another is the organization of all the life science departments, clinical and non-clinical, into a single Division of Biological Sciences. A third lies in some of the teaching methods.

Pre-medical education began with a "School of Biology" announced in the first program of the new university in 1892. Within two years this school had been broken down into six departments . . zoology, anatomy, neurology, physiology, botany and paleontology. These departments offered pre-clinical medical education except for human anatomy.

In 1898 the university effected an affiliation with Rush Medical College. In 1900 the university accepted the complete responsibility for the first two years of medical education, and established a separate section of medical courses and pre-medical. Research in biological sciences flourished under an eminent faculty. It soon became apparent that the full benefits of medical education and research could only be realized by providing clinical facilities on the university campus.

In 1916 Abraham Flexner was invited to make a study of the potentialities for further medical education at the university. He recommended the establishment of a new medical school with appropriate departments and faculties. A total of $5,300,000 would be required for the establishment of such a school. The General Education Board pledged $2,000,000 of this sum. The remainder was quickly raised, largely through the efforts of Dr. Frank Billings, but World War I delayed progress.

Aims . . Not until 1923 were the plans reactivated when President Burton of the university appointed a committee from the university senate to work with him on the problem of medical development. This committee studied the situation carefully, and set forth the following aims for the projected school:

"The aim of the University of Chicago Medical School should not be primarily to increase the number of practitioners . . . Further progress in medicine depends upon the advancement of medical knowledge, and it is believed that the University of Chicago is in a peculiarly favorable position for promoting research and training investigators in the medical sciences. The strength of the basic departments of physics, chemistry, and biology and the research spirit with which these departments are imbued, the more or less complete organization of the pre-clinical departments which already exist, the unusual opportunity for developing hospitals, research institutions, clinical departments and a medical library in close contiguity to present scientific laboratories, the strategic position of Chicago and its probable influence upon medical development throughout the Middle West and the South are all reasons for believing that a University of Chicago Medical School should be founded having for its chief aim the advancement of the medical sciences."

In short, the University of Chicago Medical School was founded upon a specific philosophy. This philosophy has been and is adhered to in the performance of medical care, research, and teaching.

The construction of Albert Merritt Billings Hospital, completed in

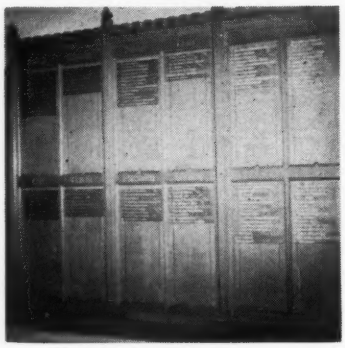
1927, made available the facilities for the first two departments in the school . . medicine and surgery. In 1930 the Bobs Roberts Memorial Hospital for Children added facilities for pediatrics. Construction was begun of the Chicago Lying-In Hospital and Dispensary and the Gertrude D. Hicks and the Nancy E. McElwee Orthopedic Hospitals. The two last-named units jointly comprise the facilities of the Home for Destitute Crippled Children.

Although there were actual or implied commitments for further expansion, construction was halted by the combined effects of the depression and World War II. Since 1946, however, more than $12,000,000 has been spent or committed for hospitals. The Nathan Goldblatt Memorial Hospital for Neoplastic Diseases was formally opened in 1950. It contains two hospital floors with 52 beds, and one floor for outpatients. The remainder of the seven floors is largely devoted to research and radiology.

Expected to be completed by March 1952 is the 48-bed Argonne Cancer Hospital, which has been specifically designed and equipped for the use of radioactive materials in the treatment of cancer and related diseases. Ground was broken recently for two additional hospitals, one for infectious and heart disease; the other largely for degenerative disorders. These two hospitals will provide 167 additional beds and increase the bed capacity of the University Clinics to a total of 702. Of the total space available in these hospitals, approximately 40 per cent is devoted to patient care; the remainder is for research and teaching purposes.

Full-time system . . The staff and administrative officers of the university believe that the most effective organization to carry out the purposes of the clinics and medical school is the full-time system. All members of the clinical staff are appointed on a full-time basis. The salaries of the staff are paid by the university, and are determined by academic competence, professional qualifications, and investigative ability. The members of the staff render service to paying and non-paying patients both in the hospital and in the outpatient clinics. All fees are set either by the doctor or the hospital, depending upon the doctor's preference, and are collected by the university.

There are 185 members on the clinical faculty on full-time basis with the rank of instructor or above. The number of assistants, residents, and interns is even larger. Historically it has been shown that the full-time plan relieves the staff member of the need for earning an income by treating private patients not related to either teaching or research. Thus the faculty member is left free for the main tasks of teaching, training assistants, and caring for patients. In addition, the faculty member has a greater amount of time for both clinical and laboratory research. The benefits of the full-time plan have been so convincingly demonstrated at the University Clinics that few, if any, staff members would desire to change the plan.



Calendar memorial plaque . . at Lying-In

One change has occurred in the relationship with patients. At the outset it was believed that income from endowments would serve to operate the hospitals and clinics. Patients could then be selected solely for their teaching or research value and without reference to their ability to pay. It was soon found, however, that endowment income was not enough, that pay patients had equal or greater educational value than the indigent patients. All patients, regardless of their social or economic status, are used in clinical teaching in the hospital.

The basic clinical and non-clinical science departments at the university are essentially the same as that found in other institutions. There are essential organization differences between them. All departments pertaining to the life sciences are assembled in a single administrative unit called the Division of the Biological Sciences.

The number of departments within this unit has been kept to a minimum in order to eliminate as much as possible the departmental boundaries that so often present barriers to easy communication between different scientific specialists. In all, there are only 13 departments . . anatomy, bacteriology and parasitology, biochemistry, botany, home economics, medicine, obstetrics and gynecology, pathology, pediatrics, pharamacology, physiology, surgery, and zoology.

In addition, there are the Walter G. Zoller Dental Clinic and three institutes . . the Institute of Radiobiology and Biophysics, the American Meat Institute, and the Food Research Institute.

Benefits . . Since this basic organizational structure was established in 1930, there has been noticeable improvement in the relationships between the various disciplines and in the understanding of mutual problems. Discoveries in the fundamental sciences are more easily carried to clinical areas for application and development. When he needs assistance the clinical investigator finds more ready access to the basic science laboratories. There are joint appointments between departments in a number of instances . . between surgery and anatomy, and medicine and pharmacology, for example.

There are also benefits to the students enrolled in the departments, who are about equally divided between medical and non-medical students. In the non-medical group are those who plan careers in a particular science either as teachers or investigators. The instruction of these students and their daily association with those who are preparing for the practice of medicine is of material advantage to both groups.

Students are admitted to the Division of Biological Sciences upon completion of their studies in the college at the University of Chicago or upon completion of the first two years of the traditional college program.

Students desiring to study medicine are admitted to the medical courses after at least one year in the division or after at least three years of college work at other institutions.

Applications for admission to the medical courses outnumber the available places in the freshman medical program many times (ten or twelve to one). An admissions committee, with the assistance of the director of admissions of the university and the dean of students, carefully reviews each application.

Applicants are selected on the basis of their intellectual qualifications as reflected in their scholastic records and their achievement in the medical college admissions test and upon their qualifications as to personality, character, motivation, and physical and mental health. The committee evaluates these latter qualifications upon the basis of letters from previous instructors and college advisors and through personal interviews with the applicant. At the present time and on the basis of facilities, faculty, clinical resources and method of instruction, the freshman medical class is restricted to a total of 72 students.

Orientation . . An introductory course in the sophomore year in the medical course consisting of lectures, clinical demonstrations, and laboratory exercises, is intended to orient the student in his work with patients. Clinical teaching as such begins in the junior year. Unlike the practice in most medical schools, the student begins with patients who have been hospitalized, rather than with outpatients. The use of pay patients provides stimulus to the student and enhances his general, as well as his medical, education as he meets people from all walks of life.

Patients upon their admissions to the hospital are assigned to students who are responsible for initiating and keeping the medical record. The work of the students is closely supervised by the faculty members in the clinics to whom they are assigned. Instruction is largely carried on through "supervised doing" and "problem solving." Lectures to the students do not exceed one per day, thus allowing the student ample time to study his patients, as well as for reading and contemplative study. There are frequent conferences with instructors and seminar periods for small groups.

The junior and senior classes are divided into fourths. Instruction is continuous throughout the year. One fourth of the class is "out-of-residence" . . that is, not in attendance in the wards or outpatient departments each quarter. The other three-

Gothic . . marks Billings' entrance

fourths are assigned, one-fourth each to medicine and surgery, and one-fourth divided between obstetrics and pediatrics. Because a full class does not exceed 72 students, a one-fourth group will not exceed 18 students. This group of 18 is then further divided so that no faculty member will have more than six students for whose instruction he is responsible. This provides for a closer relationship between student and instructor.

In the senior year the student devotes his time to work in the outpatient department. His responsibilities are similar to those in the junior year. During this year he sees the less serious types of illness, the early stages of acute illness, and more of the chronic diseases that do not require hospitalization. In addition, one quarter of the year again is left free of assignments in order that the student may pursue studies and investigations of his own choice.

In this general arrangement of clinical instruction, as well as in its full time staff and divisional organization, the University of Chicago differs from most other medical schools. The student carries the responsibility for learning. His advancement and achievements are checked by his day-to-day performance, and by comprehensive examinations at the conclusion of the program.

The program does not end with the senior year, however. A very extensive program of graduate and postgraduate education is provided. Residencies are available in practically all the recognized specialties. At the present time 101 residents and 32 internes are attached to the clinics. A few of the residents are also working toward a Ph.D. degree in one of the basic or clinical sciences.

Research . . Much emphasis is placed upon research, beginning with the students, and increasing with graduates, residents, and staff members. The four-quarter system permits the student to have one elective quarter per year. Usually this time is spent in the laboratory with a staff member or in independent work on some problem. The easy access to the staff resulting from the organized teaching program permits continuing research during the years of formal training. For the resident the clinical departments require that a certain time be spent in the laboratory during the residency period.

Probably the most important reasons that attract a staff to such a medical school as the university's are the facilities and the general climate, which are conducive to research work. True, it is not easy to assign a dollars and cents value to the total sum spent either for research or teaching. As in all schools, medical education, research, and care to patients cannot be broken down in terms of a budget. For example, a doctor in making teaching rounds on patients may be studying the patient for research purposes at the same time he is rendering medical care and making educational use of the patient.

The University of Chicago's endowment for medical education and research is approximately $23,000,000. For many years, particularly during the depression, the medical school budget has been larger than the returns from endowment and from other income. Therefore, the university has supplied the deficit from its own funds.

In 1949-1950, $1,595,400 of restricted expendable university funds were used for research. Of this amount, $436,048 was available throughout the biological sciences division for research in all of its

thirteen departments. The clinical departments had available $747,633 to support research; the non-clinical departments had $232,102; and the three institutes had $179,617.

A large source of funds for research is the American Cancer Society and similar organizations obtaining money through annual appeals to the public for funds for the study of a particular disease. An additional $1,957,934 was obtained from U. S. government agencies to support research in the entire division of biological sciences. About half the federal funds were available to the staff of the clinical departments. The federal support is somewhat misleading, however, since a large part of these funds support three major projects of importance to the Department of Defense. Private donors have been a continuing source of support.

The research projects under way may be roughly divided into two groups. First of these is the study of fundamental problems, such as those concerning normal and abnormal growth which are the object of investigation by many areas of the division. The others have a more direct emphasis on specific problems.

Cancer study . . Perhaps the aspect of growth most emphasized in the clinics is the concentration upon the study of cancer, a form of abnormal growth. To understand cancer a great deal of attention is being given to the mechanisms of normal growth and development. The direct attack upon cancer involves the chemotherapeutic approach (including hormones), the use of radiant energy, and of surgery.

The use of hormones in alleviating the distress of cancer victims was first demonstrated in a conclusive manner at the University of Chicago by castration of individuals suffering from cancer of the prostate which had metastasized. Pain in the patients lessened rapidly, and many of the patients experienced complete remissions from the disease for several years. The next step was the use of female sex hormones as a substitute for castration.

The study of the relationship between hormones has since expanded rapidly, and has been particularly stimulated by the isolation elsewhere of Compound E and ACTH. Less than a month ago promising effects have been reported as the result of removing both adrenal glands. At the University of Chicago, 72 investigators, ranging from medical students to senior staff members, are investigating the hormone aspect of the cancer problem. In addition to hormone therapy, many other chemicals are being tested in experimental animals for potential anti-cancer activity.

The Argonne Cancer Hospital will be the focus for certain kinds of radiation treatment of cancer at the university. This hospital will contain a powerful betatron, cobalt sources, and other instruments for the study and treatment of cancer. The proximity of Argonne National Laboratory, an extensive research center operated by the university for the Atomic Energy Commission, will make available some of the more rare and short-lived isotopes for experimental use.

An example of one isotope now used routinely in the diagnosis of cancer is radio-active iodine. In addition to the facilities of the Argonne Cancer Hospital, the university also has available in the Institute for Nuclear Studies the most powerful cyclotron now in existence, and a considerable part of its use will be directed toward the cancer problem.

Closely allied with the study of the effects of radiation on cancer are studies on radiation hazards being conducted for the Department of Defense. It has been demonstrated that shielding of various organs or parts of the body, particularly the spleen, will protect experimental animals against death when exposed to lethal doses of x-rays.

The surgical attack on cancer, in addition to the testing of improved surgical procedures, is also closely allied with the attempt to improve diagnostic tests for cancer. Early diagnosis offers better opportunities for the permanent eradication of cancer through surgery.

The Department of Obstetrics is also connected with the cancer problem, through the effort to establish early diagnostic tests. In addition, there is the active study of the toxemias of pregnacy, a heavy contributor to maternal and infant deaths. In spite of the fact that no death from sepsis has occurred in the clinics for the past ten years there is intensive study under way of the obstetrical and gynecological use of the newer antibiotics. Hormones are also being studied for their effects on sterility, on abnormal bleeding, and in the normal pregnant mother.

Many disciplines . . The Department of Medicine in itself is composed of many disciplines, such as psychiatry, neurology, dermatology, and radiology, that possess departmental status in other institutions. One major project in the department, involving members of other departments as well, concerns heart disease. Radioactive compounds, such as digitalis, are being studied in their effects on the normal and decompensated heart. Methods are being developed to evaluate the degree and type of heart damage in both infants and adults that will be amenable to heart surgery. Comparative studies of the normal and diseased heart under stress are being carried out. In the Gilman Smith Hospital, for which ground has just been broken, many of the laboratories will be devoted exclusively to the solution of the heart problem. Some of the laboratories and patient rooms will be equipped for the precise study of the effects of oxygen, humidity, heat, and atmospheric pressure on patients.

The study of infectious disease has not been diminished by the discovery of the effectiveness of the antibiotic drugs. The kinds of infarction following irradiation injury are being experimentally treated with the antibiotic drugs. Separate infectious disease research projects are concerned with influenza, the transmission of the common cold, brucellosis, rheumatic fever, and tuberculosis.

Many investigators are studying the gastrointestinal tract. A new hormone affecting gastric secretions has been found. Section of the vagus nerve has been shown to result in the healing of duodenal ulcer and the operation's effects in over 1000 patients are being followed. Special research is being conducted on the diseases of children. The study of mental disorders is another major research area and includes the de-

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Organization and administration of the University of Chicago Clinics

by Ray E. Brown Superintendent

■ IN ATTEMPTING to describe the organization and administration of the University of Chicago Clinics it is first necessary to define the name itself. This can be done best by a short historical review of the organizational development of the Clinics.

History . . Before 1927 the University of Chicago had strong departments in the basic, or "preclinical" sciences, but no clinical work was done on the campus. When it was decided to set up full clinical facilities on the campus much thought was given to the problem of creating a School of Medicine without creating jurisdictional boundaries that would inhibit the freest sort of cooperative effort between all the biological sciences at the university.

The solution was reached by setting up the clinical departments as integral parts of the Division of Biological Sciences. For this reason the School of Medicine does not exist as a separate organization but rather as a stratum running through a much broader administrative unit. The dean of the Division of Biological Sciences is perforce the dean of the School of Medicine.

Although it was decided not to create an autonomous organization for the teaching of medicine it was realized that the very close synchronization needed in matters of curriculum and class schedules during the clinical years made it necessary that these be administered as a unit. It was also thought that the hospital facilities utilized in clinical teaching should be synchronized within it.

For these purposes a sub-administrative unit named the "Clinics" was created within the larger complex of the Division of Biological Sciences (known at that time as the Graduate School of Science). Perhaps the simplest manner of defining the Clinics would be to think of it as a medical school and hospital without the first two years of instruction. The title of Director was given to the administrative officer in charge of this area of work. Five clinical departments were created to handle all teaching and research in the clinical sciences. A departmental Chairman was placed in charge of each of these departments. All hospital affairs were placed under the immediate direction of the Superintendent of Clinics.

This plan of organization went unchanged until 1935. At that time Dr. A. C. Bachmeyer, then dean of the University of Cincinnati College of Medicine and superintendent of Cincinnati General Hospital, was given the post of director. At this time the title of associate dean was created and this designation was given to Dr. Bachmeyer.

Shortly afterwards the post of superintendent became vacant and Dr. Bachmeyer took over the active administration of the hospitals. By 1939 the pressure of work in the hospitals and medical school had grown to such an extent that it was decided to again turn the hospital administration over to a superintendent.

The next change in the plan of organization is now in the process of completion. At the time of Dr. Bachmeyer's retirement this year the position of director will be discontinued. The dean of the Division of Biological Sciences will be directly responsible for the synchronization of medical school and hospital policies so as to assure maximum achievements in teaching and research. The status of the dean in this plan of organization is quite similar to that of the board president in the typical hospital.

Administrative structure . . Within the hospital organization an administrative structure has been developed that is both functional and geographical in nature. Except for the Lying-In unit, the administrative assignments to the assistant superintendents is on the basis of allied functions. For instance, one assistant is responsible for all activity related to financial relations with patients. This area of responsibility includes the admitting, cashiering, and credit work in the several units making up the Clinics. On the other hand the assistant superintendent in charge of the Lying-In unit of the Clinics has been assigned responsibility for a hospital unit rather than for particular functions.

This plan of organization was adopted because the Lying-In Hospital was originally constructed as an almost self-sufficient unit and because its 166 beds (plus 140 bassinets) make it large enough to occupy the full time of an assistant superintendent. The other assistant admin-

This managing group at the University of Chicago Clinics meets with Superintendent Ray E. Brown (at end of table) every Friday. Left to right: Irwin G. Wilmot, Eleanor Kleiberg, Mr. Brown, Harry A. Blythe, Mildred Mitchell, Carolyn Henning, James A. Connelly

istrators in the Clinics, whose assignments are by functions and who work directly with the department heads in charge of those functions in all units of the Clinics other than Lying-In, work through the assistant superintendent as regards those same functions in Lying-In.

In addition to the two assistants described above there is an Assistant superintendent recently named to be in charge of the hospital unit now under construction and which is to be operated on behalf of the Atomic Energy Commission. Other administrative personnel in the Clinics consists of an administrative assistant, the manager of outpatient department, and the chief accountant, who carries out several administrative functions as well as the accounting duties. These individuals meet regularly as a group with the superintendent each week for coordinating and planning purposes.

Department heads . . There are twenty-two hospital departments. An attempt has been made to select strong, as well as competent, persons to head these departments and to give them the largest possible freedom in their work. Within the framework of general regulations covering personnel practices in the Clinics each department head has full authority over employment and discharge. Each job in the Clinics has been evaluated, job descriptions written, and salary classifications set.

Although the department head cannot vary from beginning salary rates, she does have a good deal to do with subsequent salary increases. All classified positions have five step increases which come at stated intervals during the first five years of employment. The department head completes a merit rating sheet annually on each employe. The rating given the particular employe determines his eligibility for such increases.

The department head is given further authority through the budget system used to cover all expenditures. Annually, the department head discusses her work in detail with one of the administrative officers. From these discussions a budget is developed which meets insofar as possible the apparent needs of the particular department and which at the same time is within the anticipated income for the year. (Contrary to popular opinion the hospital operations of the University of Chicago are almost entirely supported from the hospital charges to patients.)

After approval of the budget by the dean, and by the central administration of the University, the superintendent's office furnishes each department head a summary of her particular departmental budget, showing not only the dollar amounts set for each budget account but also the number of employes allowed. The department head is then expected to expend the funds to the maximum benefit of the institution. Monthly budget reports are prepared, and forwarded to the department heads regularly by the accounting department.

Weekly meetings of the major department heads are held for the purpose of discussing common problems and for planning improvement in patient services.

Every attempt is made to aid the department heads in their own development. Each department head is allowed to attend, at the hospital's expense, the annual meeting of his particular professional group.

The department heads, and their assistants, are permitted to attend one institute within their field annually if they choose to do so. The hospital does not pay any of the expenses in connection with institute attendance but gives full salary during the time of attendance. Because so many of the institutes of the American Hospital Association are held in Chicago, the Clinics department heads are quite often utilized as faculty members. They are also quite active in the work of the Graduate Course in Hospital

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The University of Chicago Clinics

Construction at the U. of C. Clinics

■ ONE THING that usually marks a vigorous, growing hospital is the fact that it constantly is undergoing new construction or reconstruction to meet changing and expanding demands on its therapeutic facilities. There probably never is a time when the University of Chicago Clinics is not exhibiting some of these symbols of expansion and adaptation.

Take the present time as an example. The Nathan Goldblatt Memorial Hospital has just been completed. The Argonne Cancer Research Hospital is now under way. The work of building the Charles Gilman Smith Hospital is just getting started. A research hospital in orthopedics and chronic diseases also is to be erected at once.

When HOSPITAL MANAGEMENT briefly described the University of Chicago Medical Center on pages 44 and 45 of its September 1950 issue the plant was valued at more than $75,000,000 and the Center's endowments totaled nearly $25,000,000.

Argonne Cancer Research Hospital . . which is now being built, like its predecessors, will shelter some of the world's finest scientific minds. This hospital is being built by the U. S. Atomic Energy Commission and it will be operated for the commission by the University.

Six stories high, the Argonne Hospital will have fifty beds. It will cost about $3,500,000. Schmidt, Garden and Erikson, Chicago, Ill., are architects and engineers for the building. The hospital is primarily for the research treatment of cancer patients in which radioactive materials will be used.

The other two hospitals . . now being started are estimated to cost $4,500,000. The Charles Gilman Smith Hospital will be used for research and treatment of contagious and heart diseases. The second hospital will be the west wing of the Clinics group. It, too, will be a research hospital, in orthopedics and in chronic diseases, including tuberculosis, allergy, arthritis and metabolic disorders.

Seventy-five beds will be added to the University Clinics by the Charles Gilman Smith Hospital. Two of these floors, with 25 beds each, will be for contagious diseases and a third for cardiac diseases. Another floor will be for cardiac outpatients.

The west wing (Hicks) hospital, seven stories high, will add 92 beds, on three floors, including 20 beds in a special unit on the top floor for patients with tuberculosis. The first floor will house the emergency service of the Clinics; the second will be an outpatient clinic and the sixth floor will be for research in tuberculosis and allergy.

709 beds . . The total of 167 beds in the Charles Gilman Smith Hospital and the west wing building will bring the total number of beds in the entire Clinics to 709.

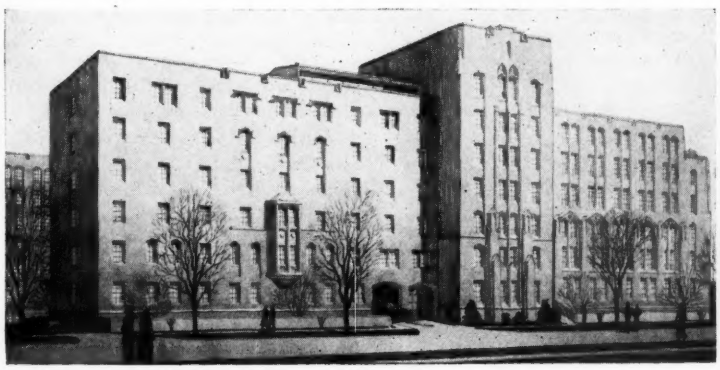
The Charles Gilman Smith Memorial Hospital is named in honor of a distinguished physician of early Chicago who pioneered in improving standards of medical education. The will of his widow, Harriet Gaylord Smith, probated in 1926, left the University of Chicago $285,000. This bequest was to be accumulated until it totaled $500,000.

This fund now totals $574,000. A grant of $485,000 in 1950 through the National Heart Institute of the Public Health Service, made possible the addition of three floors to be devoted to cardiac research and treatment, to the building contemplated by Mrs. Smith's will.

In addition to the Smith fund and the FSA grant, construction of two hospitals has been made possible by $690,000 from Hill-Burton funds and gifts from the University of Chicago Council on Medical and Biological Research and other funds available to the university.

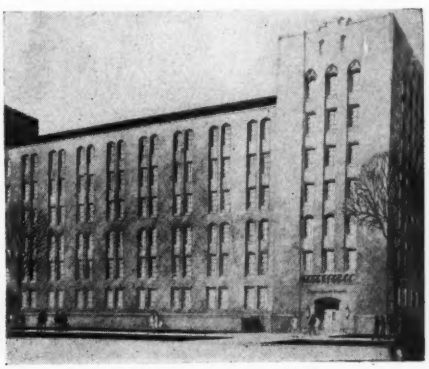
Schmidt, Garden and Erikson, Chicago, also are the architects for these two hospitals.

Charles Gilman Smith Hospital



West Wing Hospital

Argonne Cancer Research Hospital



Waiting room . . is the point of initial contact for the outpatient. Here he is medically screened by lay personnel, an assignment is made, charges are quoted, and a specific clinic appointment is scheduled

The University of Chicago Clinics

The U. of C. Clinics' Outpatient Department

by **Irvin G. Wilmot** Manager, Outpatient Department

The Outpatient Department of the University of Chicago Clinics is one of the most vital services of the campus medical center. Called "the group practice of twenty-eight medical specialties," it is the part of the Clinics most widely known to the public . . and it also plays an important part in the undergraduate teaching program. This detailed article on policies and procedures is a "behind-the-scenes" study . . .

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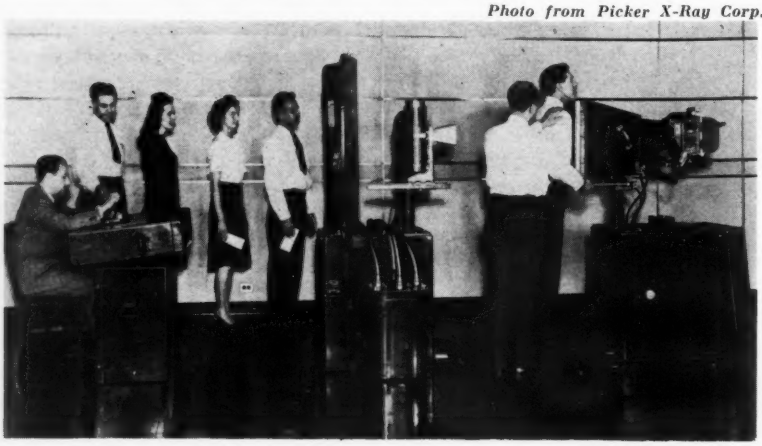

A chest microfilm . . is one of the three tests routinely given to both new and "reinstated" outpatients before examination by the doctor to whom they are assigned

■ THE OUTPATIENT DEPARTMENT of the University of Chicago Clinics is best described as a group practice of twenty-eight specialties. Physically housed in sixteen clinic areas situated within the several hospitals which comprise the Clinics, the outpatient clinics are arranged and operated to provide adequate facilities for the patient-care, teaching, and investigative activities of the medical staff; and, at the same time, to furnish patient service of a type normally associated with the "private office." For the doctor and the patient, the Outpatient Department is the doctor's office where the patient receives moderately priced, highly specialized medical care.

The full-time, salaried medical staff whose full efforts are devoted to work within the Clinics furnish the medical care for the 180,000 outpatient visits each year. In addition to their work within the outpatient clinics, the activities of the staff extend to bedside care in the several hospitals, to instruction both in the classroom and at the bedside, and to investigation in the laboratories. These activities combine to form a full schedule for every doctor on the staff. To prevent an interruption of these schedules by non-medical matters, the administration of the Clinics undertakes the performance of all the facilitating functions necessary to bring the doctor and the patient together, as well as carrying

out those financial policies necessary to keep the institution solvent.

Five main administrative functions are performed in the Outpatient Department; these are Registration, Admitting, Cashiering, Secretarial and Nursing. Perhaps the best description of the OPD could be had by briefly reviewing each function. Before doing so, however, a description of the classification of patients might be helpful in understanding the role of each unit in relation to the patient's care.

Types of visits . . Clinic visits to the Outpatient Department are divided into four classifications: new, reinstate, refer, and return. A "new" patient is one who is seen for the first time in the University of Chicago Clinics. His visit includes a complete physical examination in one of the specialty clinics, a chest microfilm, and routine laboratory determinations of both blood and urine. A "reinstate" patient is a registered patient of the Clinics who has not been seen in any of the outpatient clinics for a period of a year. For all practical purposes this type of visit can be considered in the same light as that of the new patient in that the same service is given to both.

A "refer" patient is one who is seen in consultation in one of the specialty clinics other than his assigned clinic. This type of visit is scheduled either upon the request of the doctor or upon the patient's own election. This visit, not as extensive as the new or reinstate, is pointed toward a specific problem. A "return" visit is a subsequent visit to a clinic in which the patient has already been seen. Its nature, determined by the doctor, is dependent upon the treatment needs of the patient.

Registration . . The medical screening of new patients for proper clinic placement, and the manipulation of new appointment quotas are the two basic functions of the registration section. Staffed with a chief registrar and two assistants, all of whom are lay people, this section is the point of initial contact for the patient. An average 130 inquiries a day from new patients are made by telephone, by letter, and in person.

The patient states his symptoms and complaints and a decision of clinic assignment is made; the schedule of charges in effect is quoted; and a specific appointment in one of the specialty clinics is made. The ability of lay people to perform adequately the screening function has been proven. During the years since this practice has been in effect, correct patient placement has always been above 95 per cent.

This screening by lay people is medically advisable only because each clinic performs a complete history and physical examination on every new patient. Both the patient and the Clinics are assured, then, that all conditions are uncovered, and that the patient has not received treatment in but one narrow area. By having specialists perform the physical examinations, in addition to practicing his chosen specialty, the embryo doctor is taught to view the patient as a whole rather than as a composite of various individual systems.

The medical screening function of the registration section thus results in savings of time for both patients and the doctors. The patient is saved the time and the expense of a screening clinic or a preliminary examination and yet is assured of a comprehensive investigation of his problem both in terms of his general condition and of his specific complaint. The doctor is saved the task of performing preliminary physicals, and is assured of an inflow of patients who bring with them general medical problems as well as problems within his specialty.

The number of new patients on a particular day is a variable, dependent upon the number of staff doctors in the clinic, the teaching needs and OPD is a teaching area, and since the new patient plays a part in the the new patient plays a part in the undergraduate teaching program, the number of new patients sent to each clinic each day must be kept within predetermined quotas.

To accomplish this, the registrars must constantly review and analyze appointment schedules through the time of the patient's actual arrival. Cancelled appointments are rescheduled; broken appointments are filled with "walk-ins" (patients who arrive without appointments); preventative measures, such as telephone reminders, are taken when warranted; and, in short, every effort is made to furnish each clinic with new patients both in the correct number and of the correct type.

The registration section thus receives the initial inquiry from the patient, reviews orally with him his symptoms and complaints, schedules an appointment for him, and prepares him, in part, for his expenditures of both time and money for his first clinic visit. Upon the patient's arrival his appointment is confirmed by the registration section and he is started on the first step of his admission.

Admissions . . The admitting section, staffed with a chief admitting officer, three assistants and a typist, is located in the outpatient lobby adjacent to both the registration section and the cashier.

Orientation of the new patient is accomplished through an individual interview between the patient and an admitting officer. Primarily designed to prepare the patient for both his initial and return visits to the Clinics, the interview includes an explanation of the routine, the procedure, and the fees which he may expect.

The length of the interview, as well as the content, depends upon the individual patient. If the patient appears apprehensive about his visit, the admitting officer will lengthen the interview and explain more fully the details of the visit. Again, if during the interview there are indications that the patient's ability to finance his care is questionable, financial information is taken.

During the course of the interview, the records of the patient are started and he is given for completion the paperwork needed on his initial and subsequent visits to the Clinics. From the "registration information blank," which is completed by the patient either at home or at the Clinics before his interview, the admitting office types a Ditto master sheet. From this master, the patient's medical history, social history card, and other records are made. These are prepared by a typist after the information blank has been checked for correctness by the admitting officer during her interview.

By correlating the activities of the admitting officer, the typist, and the Ditto machine operator, it is possible to have the new patient's medical record ready in the clinic for the doctor's use during his examination of the patient.

A clinic card, chest microfilm requisition, and laboratory card are given to the patient before he leaves the admitting office. The clinic card contains the patient's name, unit number, address, assigned clinic, date of visit, and the fee to be charged for his initial and return visits. Through a system of "key" dates a control, governing reinstatement, is secured. On the back of the clinic card is space for recording future appointments. The clinic card is the vehicle of communication between the clinic secretary and the cashier and is presented to the cashier by the patient on each of his visits to the Clinics. The cashier determines from the clinic card the type of service the patient is to receive, as well as any rates not within the scheduled fee, and collects the correct amount. The information contained on the clinic card, with the exception of return appointments, is duplicated on a social history card kept on file in the admitting office; a duplicate clinic card can then be issued if the patient loses or misplaces his original.

Routine tests . . A chest microfilm, blood count, and urinalysis are routinely given to each new and reinstate patient before his examination by the doctor. A microfilm requisition (a single sheet of paper) is initiated by the admitting office and given to the patient for presentation to the microfilm section. There the requisition is inserted into the x-ray machine for film identification and subsequently sent to the X-ray Department where the findings are entered. The requisition, which now has become a report of the microfilm examination, is then sent to the record library for insertion into the patient's history. Positive findings are sent on a follow-up 4″ x 10″ stereoscopic requisition directly to the outpatient clinic, where it is reviewed by the patient's physician and, if approved, the patient is given the "follow film" on his next clinic visit.

In addition to a microfilm, the new patient receives a blood count and urinalysis on his first visit. These determinations are made in the outpatient laboratory, which is centrally located in the clinic area. Should more extensive laboratory determinations be required after the patient's examination or if periodic determinations are necessary in the course of treatment, the patient returns to the OPD laboratory for this work. A 5″ x 8″ plain red card, given to the patient at the admitting office, is used to direct the patient to the OPD laboratory . . his first stop in the clinic area. The patient carrying this card is readily identifiable, to both employes and old patients . . so that many "helping hands" are ready to direct the new patient, unfamiliar with his surroundings, on his way.

Every effort is made to remedy patient problems and misunderstandings at the point at which they occur. The task of educating all employes to the intricacies of all procedures, especially those relating to the financial aspects of patient care, is never fully accomplished. The staff of the admitting office, being a small, closely supervised group, however, lends itself more readily to such training. The social history card on file in the admitting section permits intelligent action when problems are presented. The problem is quickly solved and the patient continues his course through the Clinics.

Cashier's functions . . The cashiering section of the OPD is centrally located in the outpatient lobby and is accessible to all patients upon their entrance into the Clinics. On each visit to the Clinics, the patient pays the fee for the service he is to receive that day. This might be a clinic visit, a special test, a treatment, or a combination of any of these. A cash register issues a two-part receipt, half of which is collected by the clinic secretary as verification of a satisfactory financial arrangement; half is retained by the patient as his record of the transaction.

In addition to performing the fee collection function for the OPD, the cashier, through totals accumulated on the register, prepares comprehensive reports for the use of management in determining the operational effectiveness of the department. These reports include the number of patients seen in the clinics, subtotaled into the number of visits to each clinic, and classified as to the type of visit. Also reported is the income by clinic and test, whether it is in cash or in charges; the amount of free service; professional courtesy extended, and other statistical information that gives an accurate picture of the OPD.

Fixed charges . . Outpatient fees, for the most part, are standard and are based on individual units of service. For example, there is a standard fee for a new visit to a Surgery Clinic, for a return visit to a Medical Clinic, for an electrocardiogram, for a "refer" visit to another of the specialty clinics, and so on down the line for practically all items of service rendered on an outpatient basis.

The advantages of a schedule of this type are many. The patient, by knowing the cost of his medical care before he receives it, can make satisfactory financial arrangements for each visit beforehand. To some extent the patient also is able to estimate the total cost of his care and to pro-rate the payment of his bill over the period service is received.

Under this system the Clinics collect fees on a visit basis before service is rendered, collection expense and credit problems are minimized and the savings realized from the use of standard fee systems are passed on to the patient in lower charges.

It could be argued that maximum income cannot be realized under this system. Although this is probably true, the advantages of cash income and the savings in overhead more than compensate for the additional margin of billed income to be had under fees set commensurate with the patient's ability to pay.

Deferred charges . . To inject flexibility into the fee schedule and to provide a method of setting fees for service that is not covered by the schedule of standard fees, or that by its nature is not adaptable to standard fees, a system of deferred

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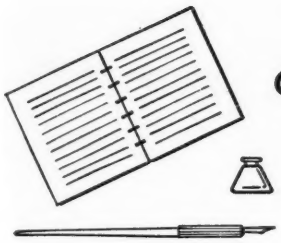


administrator's diary

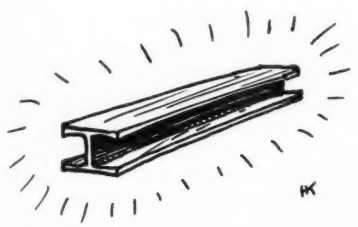
by Herbert Krauss

JUNE · 1951

June 2 . . Today awarded myself compensation for my free-gratis job of being the elected high official of the U. C. H. A. A. (alumni of the University of Chicago Hospital Administration Course) whose responsibilities include collecting dues and publishing the quarterly *Bulletin.* Ah, those pleasant days on the Midway when we donned swimming trunks and took textbooks, blankets, radios, cigarettes, and potato chips over on the lawns of an afternoon to study . . and thought life was difficult. How we gathered around Dr. Bachmeyer for the weekly seminars to learn the principles which would guide us in hospital situations which could never be solved to please every one. "Calling Dr. Phemister" heard on the paging system at Billings. Attending the medical school lectures . . . .

Yes, nostalgia comes with thoughts of International House and of the term papers on Business Cycles . . . .

June 9 . . Our emissary to Washington returned today to give his report



of experiences in the alphabetical jungles on the Potomac. Although steel was available at contract time for our million-dollar addition, our contractor said things were now different. Having filed an application for a DO-45 with the U.S.P.H.S., we had received that priority within a few days. But, no steel. And if we can't get any by August 1 we shall have to stop with the foundation.

Attorney Glenn Cray, our board president, had the intrepidity to go to Washington, called our representative in Congress, railroads, planes, and took off.

Today, trying to remember what happened, Mr. Cray scratched his brow, cocked his head at the ceiling, and began his odyssey.

Meeting with Mr. Blank at U.S. P.H.S., he told him that the priority got us no steel. Incredible! "Don't worry, we've got the steel!" Public Health furnished an "expediter" and the two of them telephoned the home office of Bethlehem Steel for the small quantity of 300 tons of structural (out of the 75,000 tons of steel U.S.P.H.S. was supposed to have for hospitals) and the order was refused. Mr. Expediter heard it on his own phone tie-in. "Just can't be."

So they went back to Public Health headquarters where a meeting was arranged with the head of the steel policy committee of the N.P.A. and the chief of policy making of D.P.A. plus the expediter and Mr. Cray. Here it was learned that steel is both out of sight and yet in more plentiful supply than ever before in the history of the country. It was pointed out by an N.P.A. spokesman that the priority system was no good because more priorities were issued for third quarter steel than there was steel. Furthermore, the U.S.P.H.S. was writing checks on a bank account (of steel) which was not in existence. They had no authority to direct steel from mills to users and never did have. This caused the expediter from U.S.P.H.S. to be more than mildly amazed.

It was stated that the system was going to change shortly from one of priorities to a Controlled Materials Plan (C.M.P.) and the request for steel could be filed when the agency was born. Now if everything works out well, U.S.P.H.S. will file our application for us when the C.M.P. system starts operating about July 1, and if steel is in sight, we should get some in the fourth quarter . . . they think.

So now it is as clear to me, because the N.P.A. has received approval from the next highest agency, the D.P.A., to put the C.M.P. into effect on July 1, and the U.S.P.H.S., which is under the F.S.A., is going to file our application.

June 21 . . Financial report for fifth month still shows a scarlet color for the "year to date" section of the operating statement.

June 25 . . From Wonson, Korea, an airmail containing a money order for $3.00, which a sailor named Wiemer sent us with a note saying

this would complete his pledge of $5.00 made toward our building fund when he worked at the Murray Iron Works in town last year at the time of the campaign (when he paid $1.00 down, and later another). That gave us a rise in spirits. Phoned the newspaper right away. The wire services picked it up from them.

Three lobby desks . . Lying-In Hospital (left), Billings Memorial (above)

The University of Chicago Clinics

The U. of C. Clinics' front offices . . admissions & collections

by **James A. Connelly** Assistant Superintendent

■ FOR YEARS hospitals have been aware of how inattentively people listen to what they are told and how inaccurately they read what is written.

Some hospitals, or parts of them, attempt to solve this indigenous problem by giving the patient as little information as possible. In some cases this may be the better course, but all too frequently the general result ranges from an objection to being "treated like an utter moron" to the glowing praise or damning blame of the patient who distorts the actual situation by translating hospital routines in terms of his own experience and his vague or half-information. In the rush of events, the hospital writes the whole thing off as just another of the many vagaries of human nature, but the patient goes on telling his "experiences" to all who will listen.

Other hospitals try to give the patient as much simple, direct and definite information as possible and repeat the process all along the line of his progress until he understands what is done, why it is done, and how much it costs. It takes time, practice, patience and aspirin, but it works. The front offices of the University of Chicago Clinics subscribe to this theory and attempt to practice it every day. The results are not always as planned but the percentage is high.

Indoctrination of the patient . . begins in the Outpatient Department where, usually, he is first seen. Here the process of setting up the information from the patient, about the patient, and to the patient begins. The personnel knows that for the patient disappointment is the difference between expectation and realization. They try to slowly and methodically close the gap between these two, first by painstakingly eliciting information from the patient and then by explaining what the clinics are and what they are not. This removes some of the vague and wrong information given by "a neighbor who had a sister who was a patient here some years ago."

The charges are explained in detail, he is given a clinic card on which much of the same information is written, and he is started on his way through the Clinics. At each key point the information pertaining to that point is explained and repeated until return visit patients sometimes take pride in telling the clinic secretary that they know what they are to do next and why they are to do it. The clinic secretary takes greater pride in her skill of communication. Training courses are given in several departments to make all front office personnel conscious of this and other related skills.

Process repeated . . When the patient is referred to the hospital admitting office to make arrangements for admission to the hospital, this whole process is repeated, but much more intensively. Natural apprehension about the financial and/or medical outcome of their stay makes the problem of getting a clear, definite message across to patients much more difficult. Here, "tell them what you are going to tell them, tell them what you are telling them, and tell them what you have told them," is practiced as an art. Just to make doubly sure, the whole admission agreement is written

. . and Bobs Roberts Hospital

down in a folder which is given to the patient to study at his leisure.

Many obstacles to understanding are removed by putting the patient at ease through the use of techniques learned in handling thousands of patients. Fear of the hospital stay is prevented from being translated into objections to rates by removing as much of the fear as possible and by explaining the need for the rates as given. The patient's hospital insurance, about which he probably knew little until that moment, is explained to him and the balance to be paid by him is worked out. Many patients instinctively feel that their hospital insurance, no matter what kind it is, should come close to paying the whole hospital bill. It takes tact, patience, and information repeated in many forms to convince him that it was he who bought the insurance and not the hospital. It takes more information from and to the patient to work out the patient's ability to pay and then to translate it all into patient willingness to pay.

By working out the total probable cost of the more common operations, based on the average stay of fifty similar cases, the patient can be told within relatively few dollars what his bill will be. This allows him time to make plans while he is waiting for a hospital bed and it helps the accounts receivable.

The greatest difficulty is still presented by the patient of limited means who is brought in for "observation" and remains for major surgery. Sometimes the probability of surgery can be foreseen by the admitting officer, but since it has not been mentioned to the patient by his doctor, the best that can be done at the time is to hedge against it by discussing with the patient how he would plan to meet a longer stay than that expected. His answer jells a thought that may well pay off later.

In few instances is information from and to the patient needed so much as in those cases where the patient "assumes" that an agency, his employer, some political organization or anyone other than himself is going to pay the bill. When a third person refers the patient to the hospital the admitting officer requires that the authorization be in writing and state explicitly the extent of obligation the third party will assume. This does much to prevent disappointment on the part of the patient, the hospital, and the third person who was "just using his good influences."

When the patient returns to the hospital admitting office on the day of his admission to the hospital, the information and terms worked out at the time of his first interview are reviewed in detail. Since this last admitting officer is held responsible for any misinformation the patient might still have, a greater effort is made to see that the patient is never left in doubt about anything psychological or financial that can be foreseen.

The patient, or a responsible relative, signs the admission slip, the patient is taken to his room, his case history is delivered to the floor desk, then information concerning his admission is dittoed and distributed to all concerned. Another cycle of information is complete.

Special service department . . Once the patient is in the hospital, liaison between the patient and the front offices is carried on by the Special Service Department, a softer name for Credits and Collections, so called because from the earliest days it performed many little extra services for patients above and beyond the call of collecting accounts. It has been learned that kindliness builds reciprocating attitudes and these in turn put patients in a frame of mind to understand the need for and to accept the bitterest medicine of all . . the bill.

Bills are rendered weekly to the patient unless otherwise indicated because experience has shown that patients, like people who ride in taxis, like to watch the meter. Special Service stands by ready to interpret or explain. Should there be something the patient does not understand or should his account become delinquent, one of the people of Special Service drops in to visit him. If he cannot be seen, the responsible relative is asked to stop at Special Service when next he visits the patient. In this way many of the ordinary delinquent accounts are brought into line. Information of what happened, why it happened and what is being done about it is made common knowledge to the several people who should know about it.

By and large the great number of hospital accounts run an even course because of the thorough briefing given the patient before and during his hospital stay. When for any of many reasons there is a sudden shift in the patient's circumstances, the real work of Special Service begins.

Checking the hundreds of hospital accounts, as they do each day, the people of this department learn almost as if by intuition when an account has begun to stray from the admission agreement. They find out why. Information from and about the patient is recorded on the patient's ledger card. As the account progresses, this information is correlated and a decision concerning the account is made.

Should there be a drastic change in anticipated developments, Special Service frequently steps into its other role of making payment for the patient easier. One of its people stops in to see the patient and between them they work out a new arrangement, for a longer period of time, one which proves to the patient that the hospital has a heart as well as a safe. This is but another instance of information given to the patient to calm his fears and to work out a plan that will be mutually beneficial. Even after discharge the process of getting and giving information goes on. On the theory that

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The University of Chicago Clinics

Auxiliaries at the U. of C. Clinics

by **Mildred H. Mitchell** Assistant Superintendent in Charge of Chicago Lying-In Hospital

■ The Clinics are very fortunate indeed in that they have not only one auxiliary but eight, which total approximately 3,000 women who stand ready and willing to serve the best interests of the institution whenever help is needed. These auxiliaries are as follows:

Auxiliary Committee of the University of Chicago Clinics
Board of Directors of the Chicago Lying-In Hospital
Bobs Roberts Service Committee
Clinics Guild
Country Home for Canvalescent Children Board
Home for Destitute Crippled Children Board
Mothers' Aid of the Chicago Lying-In Hospital
Nathan Goldblatt Society for Cancer Research

Although the various administators do not meet routinely with the different auxiliaries, they attend many of the meetings, particularly if they wish to acquaint the groups with a new project, building program, or some new policy which they would like to discuss with them. Occasionally members of the Medical staff or department heads are invited to discuss particular phases of their work, such as research or special projects.

It is the job of every administrator to cooperate in every way possible to acquaint these important "messengers of good will" with the hospital—its purposes and aims, the type of institution it is, who comprise the administrative and medical staffs, the activities in teaching and research being carried on at the present time and other pertinent information from the administrative viewpoint, such as operation costs and income, contemplated construction, much needed new equipment and future plans for the institution.

We believe the activity of the groups is dependent to a great extent upon the enthusiasm given them by the administration. We do not believe that we should dictate to them how their organization should function, however, we do place three restrictions upon them—

1. All of the projects must be for purposes for which the hospitals were founded.

2. Each auxiliary is required to discuss with the particular administrator in charge of the unit each project before it is undertaken. Thus we are able to prevent any long term commitments on the part of the hospital. For instance, a group might be willing to provide the initial number of personnel or funds in connection with a certain project but unless the group is willing to assume the complete responsibility for it, it is possible that the project might eventually become a real burden to the hospital.

3. All information regarding the particular hospital and the Clinics must first be approved by the administration before it is printed for circulation.

Coordination . . Because of the large number of auxiliaries and their tremendous membership, a means was created in 1948 for coordinating their efforts. This was done through the creation of the Auxiliaries Coordinating Committee which consists of the president of each of the auxiliaries, plus one additional member from each group. This committee meets quarterly with the hospital administrators. Its purposes are:

1. To prevent duplication of effort and possible conflict resulting from duplication.

2. To communicate the plans of the administration to each of the auxiliaries.

3. To provide the means whereby each of the auxiliaries might from time to time acquaint the others with their programs in order to develop and maintain a feeling of closeness of each group to the Clinics as a whole.

4. To provide joint planning on projects that might be undertaken cooperatively by two or more of the auxiliaries.

Several of the auxiliaries are members of the American Hospital Association Auxiliary program and take an active part in its activities. All of the groups are well organized with specific by-laws governing each. This is extremely important since any group is only as good as its organization. Each group attempts to fill a specific niche in the Clinics and it is interesting to review its origin, growth and scope of activities.

The Auxiliary Committee was started with the idea of interpreting the Clinics to the public but soon grew to include many other activities such as a volunteer service, a library for patients, a gift shop and a car pool service for the use of the social service workers in making calls which are long distances from the hospital. Approximately 14 cars have been made available each month for this purpose. The most recent project of this group is the beautiful new gift shop which is located in Billings Hospital and which was completed this year. In addition to the gift items carried in the previous shop there has been added a snack bar and fountain service. Although it is managed by the

Auxiliary and volunteers assist, it has several paid workers on the staff. The total membership is about 30.

The Bobs Roberts Service Committee was organized in 1948 as an offspring of the Clinics Auxiliary Committee since it was felt that the special appeal of this children's hospital was lost in the group as a whole. Most of this committee's activities are centered around the Occupational Therapy Department. They have charge of the monthly children's parties and furnish food, games and toys for the children. This committee sponsors salvage sales as a means for providing funds for their activities. Materials such as bric-a-brac, records, clothing, etc. are collected during the months preceding the sales so that a stock can be accumulated. The total membership of the Bobs Roberts Service Committee is approximately 25.

Until 1938 when the Chicago Lying-In Hospital became a part of the University of Chicago Clinics, the Board of Directors was the governing board of the Lying-In Hospital. They established policies, planned improvements and expansions and raised the money to pay for them. Now that the hospital has become a part of the Clinics, the board no longer has executive authority but acts as an advisory board which functions in a threefold way—by acting as a liaison group between the hospital and the general public, by helping through various working committees to maintain high standards of efficiency and by enlisting financial support.

Most of their work is performed through committees which are appointed by the president directly after the annual meeting which is held in October. One of the most interesting activities of this group is the Babies Alumni Committee which seeks to enroll in the Babies Alumni Association of the hospital all babies born in Lying-In. Membership is obtained by the payment of the first year's dues, which may be any amount, large or small.

As a member, the baby receives a birth and membership certificate in a leather folder of billfold size. Each year birthday cards are sent to members asking if they would like to renew their membership at this time. This effort has shown steady growths in total enrollment each year.

Other fund raising activities of the board consist of contributions from annual contributors, board dues and a special appeal each year for the Directors' Fund. The substantial sum, averaging $8,000 yearly, is expended on regular and special projects adopted by the group.

A Medical Committee holds a monthly luncheon meeting with members of the administrative, medical and nursing staffs to discuss current professional problems.

Public relations . . A very active public relations program is carried on through a Public Relations and Report Committee. They publish the hospital's Annual Report each year. In addition, they also publish each year two special reports which are mailed to approximately 7,000 people. These reports are concerned with research being done at the hospital, with special work on infant mortality and similar topics. They have also recently prepared a series of seven leaflets for distribution to patients which tell the story of Lying-In and describe the work and activities carried on in the hospital.

The Social Committee plans luncheons for various obstetric and gynecologic meetings and other special occasions such as the Annual Christmas Party for all personnel of the hospital. Each year a luncheon meeting is held for all new board members in order that they may have an opportunity to meet the hospital department heads.

On National Hospital Day in May this committee sponsors a program and reception honoring personnel for various periods of service. All of the hospital personnel receive a silver service pin at the end of 10 years of service and a gold pin at the end of 20 years. The board presents a Savings Bond to each employe who has completed 30 years of service. There are 42 members on the board, all elected for a three-year term. Each member pays $20 a year dues and meetings are held each month (September through June).

For many years the wives of the medical staff of the Clinics had no organized social contact. It was felt that such contact was important not only for the regular faculty but for the increasing group of wives of the hospital resident staff. To meet this need, the *Clinics Guild* was organized in 1946. Not only did it accomplish the two purposes stated above but it has also provided a group to call upon when volunteers are needed.

Several organized activities have been established to provide social contacts for wives of the house staff. Meetings are held in the afternoon for mending and tea is served. Two groups meet monthly in the evenings for those who cannot attend daytime meetings, one group playing bridge and the other doing mending for Bobs Roberts Hospital.

Several groups of teas have been given in the homes of faculty members to entertain the resident staff and their wives. One of the big activities sponsored by this group is the annual Christmas supper and social evening for the resident staff held in the cafeteria of Billings Hospital. There are usually 300-350 who attend. This event is preceded by social gatherings of smaller groups in the private homes of members of the faculty. Each summer a party is given for the wives of July's new residents.

Another function of the Guild is the publication of a monthly news sheet called "Inside Information." Guild members do most of the work themselves and it incorporates the whole purpose of the organization in getting everyone acquainted with the activities of the Clinics and its medical staff. There are approximately 400 members in the Clinics Guild. Dues are nominal and amount to only $1 a year. The wives of the resident staff become members automatically and are not assessed dues.

The Country Home for Convalescent Children Board was formed in 1909 when plans for a convalescent home for crippled children were made. This group was originally the governing body of the home until 1938 when the home became a part of the University of Chicago Clinics. The original convalescent home was located on the outskirts of the city but that property was sold in 1945 and this group is now waiting for a general reshuffling of the hospitals on the campus to make room for the new home so that they can once more renew their activities in the interest and support of this work.

The Home for Destitute Crippled Children was founded in 1892 to provide surgical and medical care for needy crippled children. Although the home is still separately incorporated, it is operated by the University of Chicago Clinics. Its Board of Managers continues to carry on many quasi-board functions as well as functioning as an auxiliary. One of the major activities of the Board of Managers is an annual appeal for funds. This is in the form of a Christmas card with a printed circular enclosed describing the work of the Home.

One of the most active committees of this board is the Volunteer Social Service Committee which sponsors a monthly birthday party, provides gifts for the birthday children and for the annual Christmas party. Last year the board had a bake sale in conjunction with the annual occupational therapy bazaar which is held each year during December in the playroom of the Home. Articles made by the patients are sold and the profits used to provide additional materials for the occupational therapy workshop. The 25-member Board of Managers meets each month (October through June).

Soon after Dr. Joseph B. DeLee founded the Chicago Lying-In Hospital in 1895 he felt the necessity of auxiliary assistance to help him in his campaign to elevate the whole field of obstetrics to a science that would enable healthy mothers to bear healthy children and to give child-bearing women everywhere the benefit of his own high standards in the practice of obstetrics. He knew the dynamic interest which his sister, Ida DeLee Neuman, had in his work and in 1904 through her efforts the original group of nine members called the Ruth Club began their work for the Lying-In Hospital.

In 1906 the name of this organization was changed to Mothers' Aid and today it has a membership of over 1,300 members. All members are placed on committees in which they are interested and which utilize their particular abilities. Their activities have grown and are so diversified that they range from supplying hospital dressings to providing funds for two buildings and their most recent project, that of establishing and endowing the Joseph B. DeLee Professorship in Obstetrics and Gynecology.

In three years' time they have already paid over $103,000 toward their total commitment of $250,000 for this project. In order to better understand how Mothers' Aid can accomplish these great achievements we should point out some of the avenues which these energetic and capable women have taken. They were the first to establish a Memorial Flower Fund, by the simple gesture of a member sending a contribution to Mothers' Aid in lieu of flowers to a bereaved family. Similar promptings created the Happy Day Fund and Memorial Funds. A Milk Fund provides milk for the underprivileged pregnant women and the Library Fund provides books for a cart that is rolled from room to room by volunteers and affords patients hours of diversion.

The social calendar of Mothers' Aid has always taken a minor place and has given way to the important work to be done. However, for years they have always held a Spring Social. This event has now become the Mothers' Day Luncheon and is their important social event of the year. Their My Mother Fund has become a part of this occasion and is dedicated "in honor of our Mothers, living and departed."

The two activities from which Mothers' Aid derives its largest income are the baby book, "Baby's First Seven Years," and the Gift Shop. Both of these activities, or projects, have now become "big business." The baby book is purchased not only in the United States but in many foreign lands and the sales have grown to approximately 80,000 copies a year.

The Gift Shop, which is located on the main floor of the Lying-In Hospital, is beautifully equipped, stocked with attractive gifts for mother and baby and has been staffed entirely by volunteers since its opening.

Recently a branch of the Gift Shop was opened in one of the suburbs to serve the suburban area north of Chicago. This shop is also operated entirely by volunteer members of Mothers' Aid.

Contributing largely to the proceeds of the Gift Shop is the Committee on Handkerchiefs. This committee has display sales at every open meeting of Mothers' Aid and at various places throughout the year. Several members of the committee have kits containing samples of handkerchiefs, ordered from Switzerland, China and locally.

In 1920 the group felt much value could be received through publicizing the activities of the organization. Thus the Mothers' Aid Bulletin became a reality and has grown from a small unpretentious pamphlet to an important publication. Although the Board of Mothers' Aid meets every month (September through May) the general membership convenes but four times a year (in October, December, February and May). Committee meetings are held at various times and the Mothers' Aid Bulletin serves as a link informing the members of the activities of the organization. Dues are $5 per year for a regular membership, $100 for a life membership and $200 for a membership in perpetuity.

The Nathan Goldblatt Society for Cancer Research was formed in 1948 through the effort of Maurice Goldblatt who was leading a campaign to raise funds for a cancer hospital. The group was organized to help solicit funds and the response was so great that it was decided to continue the organization in the form of an auxiliary. Its object is to aid in the establishment and maintenance of programs for research into the cause, prevention and cure of cancer and to provide such facilities as may be necessary or desirable at the Nathan Goldblatt Hospital.

Their membership numbers approximately 1,000. They have an executive committee consisting of officers and past presidents of the society. The Board of Directors numbers about 100. The regular meeting of the full membership is held each month at one of the downtown hotels and there is a planned entertainment at each meeting. Notices are sent out each month to the members in the form of a monthly bulletin, containing reports of the various committee chairmen.

It is difficult to imagine the University of Chicago Clinics without these invaluable auxiliaries who have contributed so much in time, effort and money. They are responsible for helping to make its dreams and aspirations a reality. ■

Purchasing and stores in the U. of C. Clinics

by **Harry A. Blythe** Assistant Superintendent

■ WHILE PURCHASING for the University of Chicago Clinics is finally handled by the central purchasing department of the University of Chicago, the purchasing function, with the exception of the actual placing of the purchase order, is a responsibility of the Clinics. The forms and procedures requested by the central purchasing department are all strictly adhered to. However, the department heads of the Clinics have free range in specifications of the items wanted, i.e., the various departments request what they need and usually specify quality, brand, finish, size, etc.

Each department of the Clinics operates on a yearly budget and monthly reports of the expenditure of that budget are made. Each department receives such a monthly report showing the detail of the current month's spending as well as the total accumulated amount expended. As assistant superintendent, assigned to the control of budget expenditures, a copy of the monthly detail report as well as a departmental budget summary sheet pass across my desk.

Centralization . . of purchasing through the office of the assistant superintendent offers many advantages. The most important of these, briefly outlined, are as follows:

1. It allows maintenance of policies set forth by administration in regard to the ethical expenditure of funds, relationships with sources of supply, relationships with Federal and state agencies as well as other institutions, and the dissemination of information.
2. The dealings and commitments of the central purchasing office are always open to the criticism of all the departments using the central purchasing office. Operations are also under the scrutiny of the administration. This minimizes waste through poor quality, high prices, unnecessary equipment, etc.
3. It provides safeguards through the proper control of purchase requests. All orders must be written, as must all purchase requests, in order to insure proper budget control.
4. It eliminates duplication of functions which would be needlessly repeated in the many Clinic departments under a system of individual buying. The saving extends to personnel, paper work, filing, utilization of catalogues and over-all operational costs.
5. Uniformity of procedure is maintained.
6. Quality of merchandise is better handled.
7. It provides a knowledge of equipment and experience in planning that is money-saving to the Clinics.
8. Quantity buying is best when centralized.
9. Standardization of many items is made possible.
10. Claims and adjustments are more easily handled; invoices promptly paid insure proper discounts.

Procedure . . The department head issues a written purchase request which gives the department name, delivery address, name of department and person requesting, the account name and account number, together with the name, quantity desired and specifications of the item. The purchase request is forwarded to the office of the assistant superintendent for counter signature. The request is reviewed in the light of the current status of the budget for that particular department.

Equipment costing more than fifty dollars must be requested at the time the annual budget is made up. Such requests are listed on each department's budget sheet and filed in the budget folder of that particular department. When an item costing fifty dollars or more appears on a purchase request it is checked against the items listed in the budget folder of that department. Unless the item is of an emergency nature it cannot be purchased unless previously requested.

The items needed for the regular operation of the department are provided for in the base amount set up in the budget. If the item is authorized or is for normal use the purchase request is countersigned by me and then forwarded to the purchasing department of the University for issuance of purchase order to the vendor. Upon receipt of the item ordered, the department head signs the number two copy of the purchase order which has been forwarded to the department by the purchasing department at the time the order is placed.

Upon receipt of orders which are not complete, the department head makes out a partial receipt form listing upon it the items received, those backordered and sends to the purchasing department. This is repeated until receipt of the last item on the order. When the last item is received, the number two copy is signed thus signifying that that order has been received in its entirety.

Value of cooperation . . Through budget control and a close relationship with the Clinic department heads, adequate yet judicious purchasing is attained. Salesmen are allowed contact with the depart-

ment heads as long as they have cleared through the purchasing department and the office of the assistant superintendent. When the relationship between the salesman, the department head, the purchasing office and the assistant superintendent's office is good, the salesman need not seek clearance each time he desires contact for detail purposes. It is to the advantage of the salesman to conform to the rules and regulations of the purchasing department and the Clinics.

The problem of procuring the furnishings and fittings of a new wing of the Clinics and a new cafeteria, kitchen and dietary offices and storage facilities have been handled in the past two years in collaboration and cooperation with the Clinics' department heads concerned. The items needed to furnish and equip these new areas completely were thoroughly discussed, measured, investigated and in many cases sampled. Conferences with the people concerned were set up and all problems thoroughly discussed. When items were finally decided upon, lists were prepared room by room, item by item, each item being exactly named and specified. Each list was initialed by the department head concerned, countersigned by myself and forwarded to the central purchasing department for placement with the vendor.

The same routine is being used to set up the purchases necessary to equip and furnish three additional new hospital wings now under construction.

Clinics' Stores . . The Clinics maintain a central Clinic Stores Department which supplies the various departments of the Clinics with all of the small items needed by the departments. Syringes, needles, gauze, tubing, cotton, bedpans, soap, stationery, forms, *et. al.* are dispensed by Clinic Stores. It is the responsibility of Clinic Stores to purchase and stock these items. The head storekeeper channels his purchases through the central purchasing department and conforms to the same purchase procedures as outlined above. Control of Clinic Stores purchases lies in my office. The various Clinics' departments fill out an interdepartmental purchase order and send it to Clinic Stores on a particular designated day. The order is filled and delivered on a scheduled day of the week. Emergency orders may be filled at any time.

The receiving of personal packages is discouraged. All items received by Clinic Stores are entered into a receiving ledger. The name of the department for whom the package is intended, the name of the vendor, the receiving date, signature of authorized person, and pick-up date appear in the ledger. This system provides an excellent control for all items received by Clinic Stores. Some member of Clinic Stores' staff calls the department concerned as soon as a package for that department is received.

Control example . . For a brief look at the detail of Clinics' Stores operation, the method of stock control on stationery is given. Among approximately 1,000 items in the stationery section, records indicate that certain forms or items have a rapid turnover. They are placed at an "order point," in industry sometimes referred to as a "danger point," of approximately six weeks' consumption. This period is sufficient for the formality of reordering, allowing for printing delays.

For slower moving items, which are stocked in smaller amounts, the same method is used. This allows sufficient time for discussion of revision of these forms. Before reordering any form the department heads concerned are contacted as to possible revision of the form. If the form is to remain the same, the department head must so signify and initial a sample form. If changes are made, the department head initials a revised proof.

Other items such as surgical materials, nursing supplies, etc. are placed upon a four-week supply at all times. Some small items are on a six-month basis. Lack of adequate storage facilities has handicapped the purchase of items at the optimum quantity for low price.

Upon the completion of the new units Clinics Stores will be centrally located in spacious quarters with modern storage bins, lighting, loading docks, elevator and portable equipment to render the best possible service to the Clinics.

Each bin in Clinic Stores has a card attached bearing the following information: the name of the item, its form or serial number (if any), the quantity to be ordered, the quantity reorder point, and the estimated delivery time. This system enables an employe to tell at a glance the status of any particular item. No perpetual inventory is kept. The bin card system enables an employe to be trained on recorder procedures in a minimum time.

Other functions . . Clinic Stores also stocks and handles receiving for the Medical School and Research Laboratories as well as the Clinics. The volume of items handled for these other two major departments of the University approximates the volume handled for the Clinics. This includes the handling of all live animals for the School and Laboratories.

At the present time Clinic Stores handles all of the glassware and chinaware and some of the kitchenware items for the Dietary Department. In its new quarters, Clinic Stores will handle and store all staple and canned goods items, which will be requisitioned by the Dietary Department as needed. The Dietary Department handles the purchasing of meats, vegetables, dairy products, fruits and staples at the present time.

Pharmaceutical stores are separate from Clinic Stores and are ordered in by the Pharmacy Department.

The Housekeeping Department of the Clinics maintains its own stocks of all linen items and of all housekeeping items.

In summary, it is pointed out again, the wisdom in placing the purchasing and stores control under the jurisdiction of a central office or particular key person. This insures, as experience here at the Clinics has borne out, the tight control of expenditures, quality of merchandise, service of the vendor, and a better insight to the needs of the various departments and understanding of departmental supply and equipment problems. The department heads in turn become acutely aware of their budget, dollar values, quality of merchandise and of the problems of the Clinics in general as related to the over-all budget.

The University of Chicago Clinics

The U. of C. Clinics' blood bank

by **Carolyn Sykes, R. N.** Blood Bank Supervisor

■ IN 1942 THE University of Chicago Clinics established a Blood Bank Department to meet the growing needs of the Clinics for blood and plasma transfusions. The two rooms allocated for this work at that time seemed adequate, but by 1945, due to the continued growth and development of the department, larger quarters were necessary. The department has progressed until now it is a centrally located and centrally controlled unit that manufactures intravenous solutions and equipment, besides the bleeding of donors and meeting routine blood bank needs. In short it might be stated, "If it goes in the vein, it comes from the Blood Bank Department."

The successful operation of a blood bank and parenteral therapy department depends upon an organization in which as many procedures as possible are in the hands of trained personnel under centralized supervision and control. Efforts have been made to devise an unbroken chain of responsibility for the cleaning and preparation of bottles and glassware, calculations and weighing of concentrate for formulas, the collection of blood from donors, the compatibility tests for transfusions and the production of plasma. Economy of time, expense and personnel has also resulted through dovetailing these services, which would ordinarily represent the duties of several distinct departments.

Statistical record . . During the past fiscal year a total of 5,612 transfusions were given from the blood bank and 7,122 blood donors were drawn. Outdated or surplus blood was converted into plasma. The average number of transfusions administered to patients per month is 468 and the average monthly bleeding of donors is 593. (The donors drawn for the civil defense program are not included in these figures.) The total number of bottles of parenteral solutions on a monthly basis is 1,778 bottles in 1800 ml. and 550 ml. size. Special solutions in 50 ml. size are not included in this report.

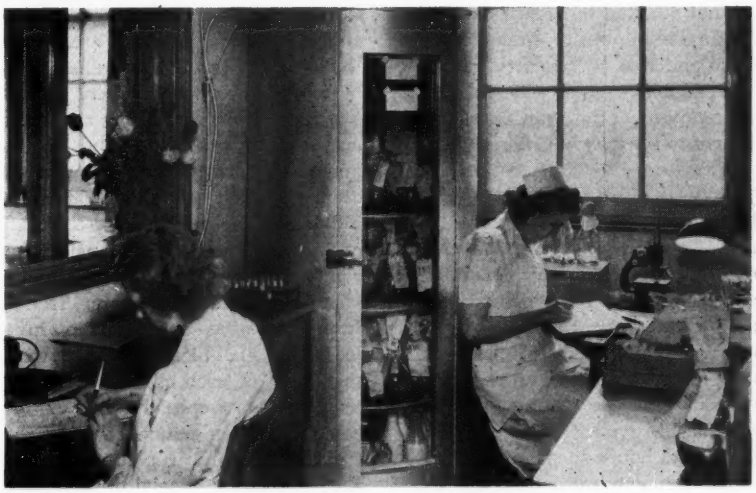
The department is open from 7:00 a.m. to 9:00 p.m. Monday through Friday; Saturday from 7:00 a.m. to 4:00 p.m. and Sunday from 1:00 p.m. to 5:00 p.m. The staff of nine full-time people consists of five registered nurses, one clerk, one solution technician, one laboratory helper, and one attendant. All resident physicians are instructed and able to do necessary laboratory procedures to take blood from the banked supply when needed during hours when the blood bank is closed. The blood bank supervisor or assistant supervisor can usually settle by telephone any problems which are out of routine when the blood bank is closed.

Nursing valuable . . The technical duties in a blood bank involve knowledge of nursing procedures as well as laboratory tests. We have found it greatly advantageous to have nurses in the blood bank, as they are already familiar with hospital routine, aseptic technique and hospital problems. They adapt well to blood bank laboratory procedures and are able to do all the phases of work in connection with intravenous therapy. They accept shift work and Sunday hours . . which is an asset in running an efficient department.

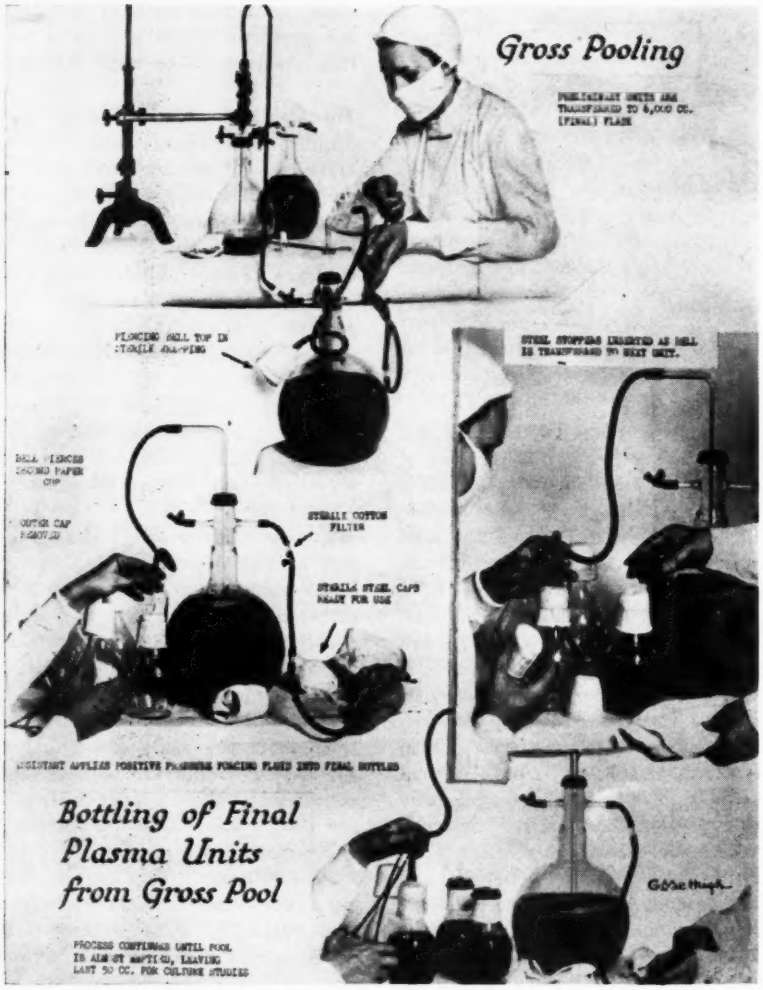
Duties of supervisor . . The operation of this department is directed by a registered nurse with nine years of blood bank specialization. Special problems which need clinical advice are referred to the staff physician who organized this department and has maintained keen interest throughout the years. The supervisor is responsible for policies and activities to the superintendent of the University of Chicago Clinics.

The blood bank supervisor is responsible for all hiring and dismissing of personnel in that department. She judges by daily contact with the personnel if the meticulous routine so necessary is carried out in each and every procedure.

Cleanliness in a parenteral unit is imperative. Wide experience has



Blood bank refrigerator . . and charting area . . donor room is at left



shown that it must begin with the entire personnel and radiate into everything which may come in contact with the final product. One person not adapted to such a challenge can break the entire chain of technique and ruin the results from the most expensive and efficient piece of equipment. Our reaction rate for transfusions as a whole has been excellent, averaging 2 per cent.

Technician . . The solution technician is a high school graduate who majored in chemistry. Carefully worked out formulas for the concentrate solutions are calculated by her and then checked by a blood bank nurse. The remaining duties in connection with the manufacturing of solutions are entirely in her care. Her actual hours spent in this phase of the job average five hours four days a week or twenty-plus hours each week. In remaining working hours she helps with routine duties.

Clerk . . The clerk's first duty is to keep blood bank patients' daily accounts posted. Patients are given the choice of paying for transfusions or replacement with donors. Transfusion charges and donor credits are sent by the blood bank to the business office, where charges or credits on their bills are made where indicated. The members of the staff on each service are responsible for contacting the patient or his family about replacement donors. Therefore it is necessary to maintain a ledger in the blood bank showing the status of each clinical service.

Every two weeks the doctors receive a written notice showing the transfusions and replacements for each individual receiving blood under their care. Figures for blood bank statistics are kept tallied by the clerk and tabulated as requested. This clerk is able to assist the nurse in the blood-drawing room, the lab room or work room.

Lab helper . . The person listed as lab helper is responsible for the cleaning and sterilizing of all the department's equipment. All apparatus such as rubber tubing, glassware, bottles, etc. have a meticulous cleansing with a good detergent and then are thoroughly rinsed with running water to remove all traces of the detergent from the interior and exterior surfaces. This is followed by extensive rinsing in freshly prepared distilled water. A clear-cut routine is followed for all of these various steps. When these daily duties are completed the lab helper is able to help assemble equipment, assist in the donor room, take blood to the operating rooms and do any special cleaning duties.

Attendant . . The attendant's first responsibility is to assemble sets for intravenous fluids. As this takes only part of her work day she is able to go on errands for the department within the hospital for supplies, deliver blood to the operating rooms, send out the soiled linen and replace the clean linen. The attendant and the clerk rotate hours working from 8:00 a.m. to 4:30 p.m. or from 1:00 p.m. to 9:00 p.m. so that one will be able to assist the evening nurse in the donor room, making appointments and answering the phone.

Public relations . . The consideration extended to a donor cannot be overlooked . . because without him a blood and plasma bank will not function. Lack of courtesy or inexperience on the part of the personnel may cause unnecessary apprehension on the part of the donor and destroy his confidence in the procedure.

Since donors are not patients, but normal, healthy individuals who are subject to a certain amount of apprehension, the decorating schemes in the waiting room and the adjacent bleeding room were made with this thought in mind. An original idea, which we think is unique, is the use of murals on the ceiling in the room where the blood is drawn. The ceiling murals are oil paintings on can-

continued on page 88

news from Washington

by Kenneth C. Crain

Congress favors economy, but—; Controlled materials plan

■ IN SPITE of the concentrated interest of Congress and the country in the MacArthur hearings, Washington agencies have not meanwhile been sitting with folded hands; and now that the hearings are over, it actually appears that they did not interfere in the least with any development which would otherwise have taken place. Congress itself has been active during the past weeks, and even though the Administration lays before it a "must" program with four main points to be handled before vacations can be thought of, it can be said that the legislators have been doing all that could be expected in view of the vast scale of such items as the enormous tax program and the highly debatable character of several other matters which are pending.

The Senate will very properly take its time in hearing all who desire to present their views on the tax bill, which has been condemned in practically unmeasured terms by many experts, and which has been declared entirely unnecessary if only the government would make even relatively modest cuts in places where extravagance is known to be the rule.

Some tentative steps toward economy have been taken by Congress, also; but, on the other hand, and with due regard to the fact that political considerations were the major factor, the real apostles of economy were let down considerably by the action of the House on June 20 in passing no less than eleven bills in favor of veteran groups, including the often-rejected plan for the construction of 24 new V-A hospitals, with a total of 16,000 beds which the V-A has declared it cannot staff, and costing an estimated $335,600,000.

The total amount involved in the eleven bills is around $770,000,000. The informed view is that these bills will not be finally enacted, but even the gesture is depressing, with its own proof of the futility of expecting economy short of a wave of public indignation.

Construction — An area where it is now agreed that excessive economy is at this time undesirable is in hospital construction, and the present indicated appropriation under the Hill-Burton act is $95,000,000, a compromise between the maximum $150,000,000 of a year ago and the cut to one-half of that amount, produced by the consideration that building costs have continued to mount. The need for continued aid in hospital construction in view of the world situation is everywhere conceded.

Meanwhile, as of July 7, the Controlled Materials Plan for the allocation of steel, copper and aluminum went into effect, with actual set-asides of these materials for accepted purposes for the third and fourth quarters of the year, covering both construction and equipment. For hospital (as well as educational) purposes the Division of Civilian Health Requirements of the Public Health Service continues to function actively, recently sending out to the health departments of the various States a supply of a new form, CMP-4C, on which applications both for permission to start construction and for needed materials are to be made by those planning all "health facilities." These are defined to include hospitals, health centers, clinics, health research facilities, nursing homes and related facilities in the category of health care.

It is conceded that the plan may work with some awkwardness during this, the third quarter, but it is confidently predicted that by the time the fourth quarter gets under way the wrinkles will have been smoothed out. The set-aside plan, based on careful estimates, is designed to do away with the "hunting-license" priority system of World War II, since it is supposed to take care of the reasonable needs of all construction and supply projects which are approved, leaving others of course to do the best they can. So far, however, it is estimated that only 40 to 50 per cent of the three scarce metals need be controlled in the light of present government plans, so that there should be ample supplies for at least the preferred parts of the civilian economy, emphatically including hospitals and related activities.

Civil Defense — The Administration has once more asked Congress for appropriations covering the requirements of civil defense, with major items including $250,000,000 for the construction of bomb-shelters, to be matched by the states, and $200,000,000 for stockpiling medical supplies and equipment. The latter is the item which was rejected recently by Congress, but which is generally understood must be provided for if civil defense is to be anything more than an empty gesture.

Civil Defense Administrator Millard Caldwell in a recent address declared that the country has done very little by way of actual preparation for enemy attack affecting the civilian population, suggesting that the Russians have probably 20 million persons in organized civilian defense, whereas the United States as its best effort has only printed and distributed 16,000,000 copies of a booklet entitled "Survival Under Atomic Attack." Mr. Caldwell spoke at the annual convention of the American Red Cross in New York on June 25.

the hospital calendar

List Your Meetings

As soon as the dates for the next succeeding meeting of an organization have been determined an official should forward those dates at once to Editor, Hospital Management, 200 E. Illinois St., Chicago 11, Ill. to insure appearance in this calendar.

July

15-20 . . Hospital Accounting Clinic and Workshop, Indiana University, Bloomington, Ind. Application blanks available from Mr. Frederick C. Morgan, secretary, American Association of Hospital Accountants, Genesee Hospital, 224 Alexander St., Rochester 7, N. Y.

15-21 . . International Hospital Federation, Brussels, Belgium.

August

27-31 . . American Pharmaceutical Association and the American Society of Hospital Pharmacists, Buffalo.

September

4-8 . . American Congress of Physical Medicine, Shirley-Savoy Hotel, Denver, Col.

15-20 . . World Medical Association, Stockholm, Sweden.

16 . . Hospital Management awards meeting, 5 p.m., Hotel Jefferson, St. Louis, Mo. Malcolm T. MacEachern citations will be awarded for best hospital public relations programs from July 1, 1950 to June 30, 1951. Bronze plaques will be awarded for best annual reports. Meeting is open to all.

16-17 . . American College of Hospital Administrators, convocation and educational session, St. Louis, Mo. Executive director, Dean Conley, American College of Hospital Administrators, 22 E. Division St., Chicago 10, Ill.

17-20 . . American Hospital Association, Hotel Jefferson and Kiel Auditorium, St. Louis, Mo. Executive director, George Bugbee, American Hospital Association, 18 E. Division St., Chicago 10, Ill.

17-20 . . American Association of Medical Record Librarians, St. Louis, Mo. Martha M. Bailer, executive secretary, AAMRL, Room 726, 510 N. Dearborn St., Chicago 10, Ill.

17-20 . . American Association of Nurse Anesthetists, St. Louis, Mo. Executive director, Florence A. McQuillen, 116 S. Michigan Ave., Chicago 3, Ill.

October

3-6 . . National Society for Crippled Children and Adults, Palmer House, Chicago, Ill. Executive director, Lawrence J. Linck, 11 S. LaSalle St., Chicago 3, Ill.

8-12 . . National Safety Congress and Exposition. Sessions on industrial safety scheduled for Stevens, Palmer House, Congress and Morrison hotels; traffic safety sessions at Congress hotel; commercial vehicle and farm safety sessions at La Salle hotel; school safety sessions at Morrison hotel, and home safety sessions at Stevens hotel. For further information write R. L. Forney, general secretary, National Safety Council, 425 N. Michigan Ave., Chicago 11, Ill.

9-12 . . American Dietetic Association, Hotel Statler and Convention Hall, Cleveland, O. Executive secretary, Ruth Yakel, 620 N. Michigan Ave., Chicago 11, Ill.

11-12 . . Mississippi Hospital Association, Heidelburg Hotel, Jackson, Miss.

11-12 . . Montana Hospital Association, Billings, Mont.

12-14 . . American Association of Blood Banks, Nicollet Hotel, Minneapolis, Minn. Secretary, Marjorie Saunders, 3301 Junius St., Dallas 1, Texas.

16-19 . . British Columbia Hospital Association, Vancouver Hotel, Vancouver.

17-18 . . Vermont Hospital Association, Montpelier, Vt.

22-26 . . AHA Institute on Purchasing, Moraine Hotel, Highland Park, Ill.

29-Nov. 2 . . American Public Health Association, Civic Auditorium, San Francisco, Calif.

November

1-2 . . Oklahoma State Hospital Association, Mayo Hotel, Tulsa, Okla.

5-9 . . American College of Surgeons, Fairmont Hotel and Civic Auditorium, San Francisco, Calif.

5-9 . . AHA Institute on Establishment, Wardman Park Hotel, Washington, D. C.

5-9 . . AHA Institute on Personnel Relations, John Marshall Hotel, Richmond, Va.

5-9 . . AHA Institute on Financial Administration of the Proprietary Hospital, Rice Hotel, Houston, Texas.

8-9 . . Kansas Hospital Association, Topeka, Kansas.

14-15 . . Illinois Hospital Association, Hotel Abraham Lincoln, Springfield, Ill.

15-16 . . Nebraska Hospital Association, Fontenelle Hotel, Omaha, Neb. President, E. J. Saxton, Community Hospital, Fremont, Neb.

26-27 . . Maryland-District of Columbia-Delaware Hospital Association, Hotel Statler, Washington, D. C. A. K. Parris, executive secretary, 15 East Fayette St., Baltimore 3, Md.

26-30 . . AHA Institute on Laundry Management, Kenmore Hotel, Boston, Mass.

27-29 . . Association of California Hospitals, Hotel del Coronado, Coronado, Calif. Executive secretary, Melvin C. Scheflin, 26 O'Farrell St., San Francisco 8, Calif.

December

3-4 . . Florida Hospital Association, Wyoming Hotel, Orlando, Fla.

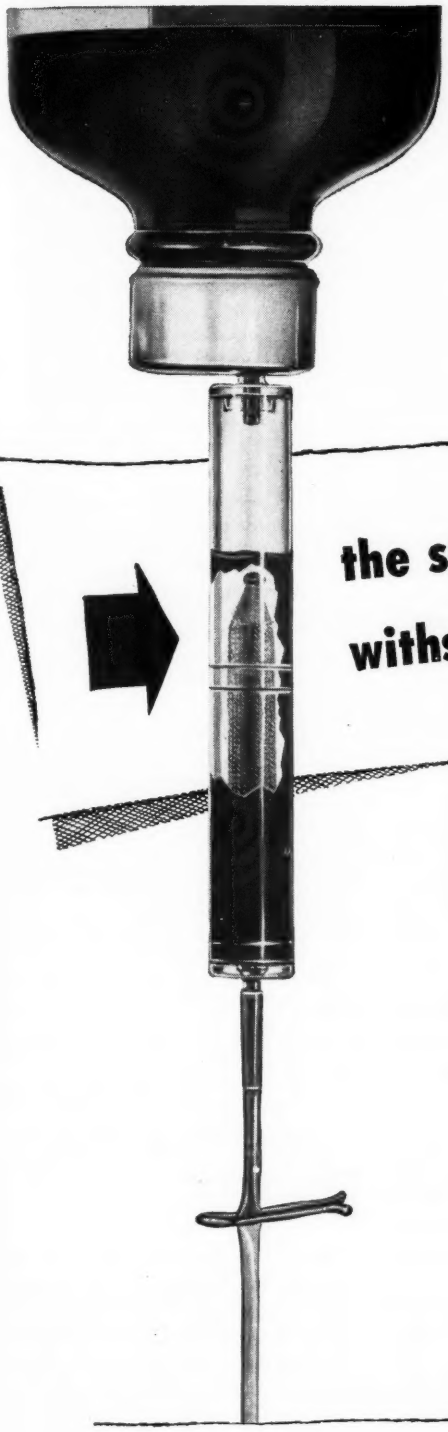
1952

February

14-16 . . Arizona Hospital Association, Phoenix, Ariz.

May

12-15 . . Association of Western Hospitals, San Francisco, Calif. Executive secretary, Melvin C. Scheflin, Association of Western Hospitals, 26 O'Farrell Street, San Francisco 8, Calif.



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as the editors see it

The U. of C. Clinics

■ SIXTY YEARS AGO the University of Chicago was founded and, in time, came the development of the world famous University of Chicago Clinics to which this issue of HOSPITAL MANAGEMENT is dedicated. There are few hospitals, large or small, general or specialized, which cannot benefit from the many articles in this number. True to the principles of the noted educational institution of which they are an important part, those who direct and supervise the activities of the Clinics here give to the hospital world the full benefit of their knowledge. HOSPITAL MANAGEMENT is proud to be able to make this contribution to hospital literature.

The new S. S. scheme

■ THE WARNINGS which have been voiced on this page as well as elsewhere to the effect that the hospital and medical fields must continue on guard against plans for Federal intervention were proved completely right when on June 25 Federal Security Administrator Oscar E. Ewing presented at a press conference one of the smoothest and most appealing variations of the theme which has yet been seen. It contemplates giving hospital care insurance, without any further charge or "contribution" of any sort, to all on the S. S. rolls who have attained the age of 65, whether or not retired, and to their dependents.

The estimated number thus to be cared for by 1953 is 7,000,000, and the cost of their hospital care, barring chronic disorders (just like Blue Cross), is figured at somewhere between $200 and $230 millions. This is to come out of the well-filled coffers of the Social Security agency, without further taxation . . for the time being . . these having been well replenished by the increase in the "take" authorized only a short time ago.

The proposal presented by Mr. Ewing calls for the most careful examination, and will undoubtedly receive it, both in and out of Congress, since the legislature will necessarily have to approve of any plan for the diversion of large sums from the Social Security trust fund to purposes for which it was not originally taken, and since all who have for some years presented sound reasons for keeping the Federal government out of individual health care for the population at large will desire to point out that the same reasons must be urged against this appealing plan as against the broad proposal to place all who are covered under the S.S. under compulsory health insurance.

According to the press release prepared by Mr. Ewing's office and read by him at the conference, he feels that the following considerations, among others, support the plan for this vast entering wedge for a Federal hospital-care plan:

"These people as a whole need much more than the average amount of hospitalization, they have much less than average income with which to meet the costs of hospitalization, and much less than average opportunity to obtain private insurance.

"The proposed benefits would give them, through their own contributory insurance system, badly needed and very valuable hospitalization insurance. It would protect them against having to ask for private charity or public aid with which to pay hospital costs, and would reduce Federal, State and local expenditures for public assistance. It would also reduce the deficits of hospitals that have to furnish free or part-pay services.

"*The full cost of these hospitalization benefits can be paid out of present social security payroll deductions: hence these do not need to be increased and no general tax money is required.*" [Emphasis supplied.]

Further:

"The cost of this hospitalization program for the first year is estimated at about $200,000,000. A specific wage deduction to cover this cost would be less than 2/10 of 1% per annum, 1/10 being paid by the employer and the other 1/10 by the employe. Such a small additional wage deduction is not practicable and *is definitely not necessary, since the cost of this hospitalization is well within the financing arrangements now embodied in the social security program. This program already provides for a series of increases in contributions up to 1970, when they will be 6½%.*" [Emphasis supplied.]

"The proposed plan will furnish hospitalization insurance for large groups of people who cannot now, as a practical matter, obtain such insurance. Voluntary non-profit plans and commercial insurance companies, almost without exception, do not cover people 65 and over on the grounds of age or physical condition. The people under 65 who would be beneficiaries under the plan, by and large, cannot afford such insurance. For these reasons the plan does not invade a field of substantial interest to private insurance, non-profit or commercial."

Note the persuasiveness of the plan. It is not going to cost anybody anything, because the Social Security agency, thanks to the generosity of Congress, has plenty of money, even though it was not demanded for this particular purpose. It is going to take care of people who can't get Blue Cross or commercial insurance, either because they can't afford it or because they are barred by their age or physical condition. It is going to save money for taxpayers who now have to help pay for the care of the indigent, and it is going to help hospitals by converting into pay patients a group whose members

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must often be cared for without charge. Mr. Ewing thought of practically everything, excepting, perhaps, the recorded objection of Congress to his taking over hospital-care insurance, and the objections from that same body, as well as many millions of Americans not in office, to the idea of diverting Social Security contributions to a purpose for which they were not intended. Congress will react with considerable vigor on this point, it may be predicted.

It will be recalled that the escalator rise in Social Security taxes, which are taxes on gross income in addition to all other taxes, was approved by Congress because of the notoriously inadequate payments previously provided under OASI to the unfortunates retiring under them. Mr. Ewing and others testified with emphasis to the desperate condition of these "beneficiaries," the Administrator stating, in fact, that the scale of payments possible under the then scale of taxes meant slow starvation, which it certainly did, since they averaged slightly under $25 a month.

So the new taxes were agreed upon, and payments were just about doubled; which, as anybody can readily figure without a pencil or an adding machine, means that the beneficiaries who rely upon the implications of the term "Social Security" and retire on their monthly stipends to a life of supposed freedom from care are still the victims of slow starvation, as far as this essentially fraudulent system is concerned.

Note that the Ewing statement, as quoted above, pays repeated tribute to the gross inadequacy of the Social Security payments being made under the existing tax levels. It points out that free hospitalization is necessary to protect people of 65 and over and their dependents "from having to ask for private charity or public aid." And then it goes on to say that this free hospitalization can be provided, at the trifling cost of two hundred million dollars a year, out of the identical trust funds whose evident continued inadequacy produces the excessively low payments which Mr. Ewing declares make free hospital care necessary!

It would be extremely difficult to find in any other suggested public policy, even in recent strange years, such self-contradiction and such bland disregard for the purposes of the national legislature.

Meanwhile, however, pending a proposal from F.S.A. to take over the worries of those, regardless of age, who have permitted their houses or barns to burn down without the usual precaution of fire insurance, a major inaccuracy in the Ewing statement should be pointed out. It is definitely not true that "voluntary non-profit plans and commercial insurance companies, almost without exception, do not cover people 65 and over." On the contrary, the wellnigh universal rule that the Blue Cross member who attains and passes 65 may remain a member as long as he lives has produced one of the proudest and most widely-quoted boasts of the non-profit plans . . "Once a member always a member."

Thus most or all of the 65-and-over people to whom the proposed largess is to be handed may be Blue Cross members, or otherwise covered. Some of them are comfortably provided for, although certainly not by grace of Social Security. One of the reasons why most of the eligibles for OASI retirement do not retire is that they prefer to postpone slow starvation, to use the Ewing term, as long as possible, if they do not possess adequate independent means; and one of the most obviously needed amendments to the system is the removal of the present generous limit of $50 a month in income earned in "covered employment" (increased from $15!) as a barrier to retirement.

Mr. Ewing's newest proposal should be rejected, and it is hereby predicted that it will be rejected.

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hm 25 years ago

■ THE AMERICAN HOSPITAL ASSOCIATION'S announcement of its removal to its own building at 18-20 East Division St., Chicago, was the subject of the lead article in the July, 1926 issue of HOSPITAL MANAGEMENT. Other organizations which had taken space in the building were the Illinois occupational therapists, the American Association of Hospital Social Workers and the National Catholic Welfare Conference.

■ THE PROCEEDINGS OF THE eleventh annual convention of the Catholic Hospital Association were covered by Matthew O. Foley, managing editor, who gave succinct summaries of the principal speakers' remarks. This event, held at Loyola University, Chicago, marked the re-election of Rev. Charles B. Moulinier, S. J., founder of the Association, as president.

■ "CERTAIN METHODS of Arousing Interest in a School of Nursing" is the title of a paper by Nan H. Ewing, R. N., principal of the Ravenswood Hospital School of Nursing in Chicago. She advocated standardization of schools, the use of advertising and publicity, and particularly the development of cordial and friendly nurse-patient and nurse-community relationships.

■ A RATHER INTERESTING round-table on the desirable proportion of dietary personnel to the number of beds in a hospital was the result of an inquiry about the number of employes which the dietary department of a 250-bed hospital should have.

No less than fifteen hospitals responded with estimates and facts . . all of which went to show that the number of workers varied greatly and astonishingly.

■ IN AN ARTICLE ENTITLED "What Is the Purpose of Grading Schools of Nursing," Edward A. Fitzpatrick, educational director of the Marquette University School of Hospital Administration and a member of the Committee on Grading of Nursing Schools, pointed out that the primary purpose of grading was not to raise the educational standards of schools, or to decrease the number of schools. Its purpose was not judicial, but educational.

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*Guerriero, W.F.: Texas State Jour. Med., 45:274, May, 1949.

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who's who in hospitals

Administrators and assistant administrators

Anderson, J. Milo . . see **Wren** notice

Chelf, Leslie, Mrs. . . see **Grimm** notice

Grimm, Larry, Mrs. . . Appointed temporary superintendent, Palmer Memorial Hospital, West Union, Iowa, succeeding **Mrs. Leslie Chelf,** who has accepted a position at the U. of Iowa. In her new post, Mrs. Grimm will continue in her former capacity as obstetrical supervisor as well.

Hager, George W., Jr., MD . . Resigned as superintendent, Camden County Mental Hospital, Lakeland, N. J., after 3 years in the post, to devote full time to the private practice of psychiatry.

Hale, William . . Employed as manager, Tomah Memorial Hospital, Tomah, Wis., now under construction, with a tentative opening date of Oct. 15.

Hinsley, Joseph W. . . Accepted appointment as administrator of the Lake Charles Memorial Hospital, Lake Charles, La., now under construction. Mr. Hinsley, president of the Louisiana Hospital Association, has been assistant director and comptroller of Touro Infirmary, New Orleans, for the past 9 years. He received his Fellowship in the A.C.H.A. in 1939.

Mattix, Charles E. . . Appointed administrator, Lancaster-Fairfield Hospital, Lancaster, O., after having served as administrator of the Ferguson Hospital, Grand Rapids, Mich., since 1949.

Moburg, Kenneth D. . . Named administrator, Schoolcraft Memorial Hospital, Manistique, Mich. For the past year Mr. Moburg has been serving his administrative residency at The Grace Hospital, Detroit, Mich., subsequent to graduate work in H.A. at Northwestern U., Chicago.

Mulcahy, Frank . . Named supervisor of operations and maintenance, Woodrow Wilson Rehabilitation Center, Fisherville, Va., after having served as administrator of the Central Carolina Convalescent Hospital, Greensboro, N. C.

Payne, Lawrence R. . . In addition to his duties as executive director of the East Texas Hospital Association — a post to which he was recently named — Mr. Payne will also be administrator of Medical Center Hospital, a $1,600,000 institution in Tyler, Texas, which is expected to open next month. Previously he was director of Baylor Hospital, Dallas. Mr. Payne is a Fellow of the A.C.H.A., a 1945-48 trustee of the A.H.A. and a past president of the Texas Hospital Association.

Powell, Robert W. . . Appointed administrator, Burdette Tomlin Memorial Hospital, Cape May Court House, N. J., after having served as assistant superintendent, Burlington County Hospital, Mount Holly, N. J.

Rainier, Warren . . Named acting director, Mountainside Hospital, Glen Ridge, N. J., after having acted as assistant director. After serving with the Navy in WW II, Mr. Rainier secured an M.S. in H.A. from Columbia U. in 1947.

Sable, Ernest M. . . Appointed assistant superintendent, Cedars of Lebanon Hospital, Los Angeles, Cal., after having served as assistant director, Mount Zion Hospital, San Francisco. A graduate of the Course in H.A. at Yale U., Mr. Sable took his administrative residency with **Dr. Charles F. Wilinsky,** Beth Israel Hospital, Boston, Mass.

Waite, William Herin . . Appointed administrative assistant, Pennsylvania Hospital, Philadelphia, effective July 1. A graduate of Brown U., Mr. Waite received his master's degree in H.A. from the U. of Minnesota, served his junior administrative internship at Rhode Island Hospital, Providence, R. I., and was administrative resident at Syracuse Memorial Hospital, Syracuse, N. Y.

Wren, George R. . . Appointed administrator, Methodist Hospital, Gary, Ind., succeeding **J. Milo Anderson** (see HM, April, '51, p. 54). Mr. Wren is a graduate of the Course in H.A. at the U. of Chicago and served his administrative residency at Methodist Hospital, Indianapolis, Ind.

Yeager, Ben G., MD . . Appointed superintendent, Wichita Falls State Hospital, Wichita Falls, Texas. Previously Dr. Yeager had been associated with the V-A Center in West Los Angeles, Cal.

Young, Marjorie V. . . Appointed superintendent, Lewis County Hospital, Centralia, Ill.

Zumwalt, Elmo, MD . . Named acting superintendent, Tulare County General Hospital, Tulare, Cal. Dr. Zumwalt is a former mayor of Tulare.

V-A and the services

Baxley, Houghton W., MD . . Appointed manager, V-A Hospital, Huntington, W. Va., succeeding **Samuel R. Goodwin,** who will retire at the end of this month. Dr. Baxley, who is presently manager of the V-A Hospital, Fort Benjamin Harrison, Ind., will be succeeded by **Dr. Clifton H. Smith,** who will move up from the V-A Hospital in Atlanta, Ga. When the Fort Benjamin Harrison hospital closes in early 1952, Dr. Smith will become manager of the new V-A hospital to be opened in Indianapolis, Ind.

Bean, Victor H., MD . . see **Post** notice

Eastland, Frederick R., MD . . see **Littell** notice

Goodwin, Samuel R. . . see **Baxley** notice

Littell, George S., MD . . Appointed manager of the V-A Hospital, Dallas, Texas, replacing **Dr. Frederick R. Eastland,** who recently resigned. Dr. Littell had been manager of the Wichita, Kansas, hospital since 1949 and, in May, 1950, when the Wichita Hospital and regional office were consolidated into a Center, he became its medical director.

Post, Edward S., MD . . Appointed manager of the V-A Hospital, Sheridan, Wyoming, succeeding **Dr. Victor H. Bean,** who has been transferred to the Alexandria, La., V-A Hospital.

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IN THE INTEREST OF ECONOMY, the gentlemen above are voting *not* to install individual room temperature control in their new hospital.

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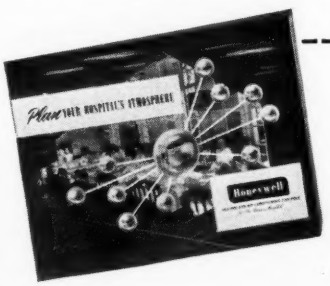

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Hall to administer hospital in Bowling Green, Ky.

■ DWAYNE L. HALL was appointed administrator of the City Hospital, Bowling Green, Kentucky effective May 1, 1951.

Mr. Hall received his bachelor's degree in Business Administration from the University of Denver. He receives his master's degree in Hospital Administration at Northwestern University this June.

He served his administrative residency under the preceptorship of Mr. S. A. Ruskjer, deputy director of the Louisville and Jefferson County Board of Health, Louisville, Kentucky and administrator of the Waverly Hills Sanatorium.

Mr. Hall served five and one-half years in the Medical Department of the Army, returning from active duty in 1946.

Mother Mary Alice, founder of St. Clare's Hospital, honored

■ OVER 1,000 FRIENDS and neighbors of St. Clare's Hospital, New York City, attended dedication ceremonies for the institution's new $1,500,000 home and training school for nurses.

On the same day, Mother Mary Alice, founder and superintendent of St. Clare's, observed her fiftieth anniversary as a Sister of the Third Order Regular of St. Francis.

To signalize the anniversary, a papal honor . . the Bene Merenti gold medal . . was bestowed upon Mother Mary Alice, who is believed to be the first nun to receive this award.

New Philadelphia center to bear Einstein's name

■ A CONSOLIDATED HEALTH CENTER, created by the Jewish, Mount Sinai and Northern Liberties Hospitals, will be named for the renowned physicist, Dr. Albert Einstein of Princeton, N. J.

This will be the first institution in this country to bear his name.

West named to head Norwalk Hospital

■ RICHARD O. WEST has been appointed administrator of the Norwalk Hospital, Norwalk, Conn. He succeeds Dr. Joseph P. Leone, who resigned on June 1.

For the past five years Mr. West has been director of the Salem Hospital, Salem, Mass. Prior to that he was director of the Portsmouth Hospital, Portsmouth, N. H., and assistant director of the New Haven Hospital, New Haven, Conn.

He is a graduate of Lafayette College and the graduate school of hospital administration at the University of Chicago. Mr. West served his administrative residency at the New Haven Hospital prior to his appointment as the hospital assistant director.

Since 1948, Dr. Post has been manager of the V-A facility at Fort Custer, Mich.

Smith, Clifton H., MD . . see **Baxley** notice

Thomas, Morris C., MD . . Appointed manager of the V-A Hospital, Madison, Wisconsin, soon to be completed. He is presently manager of the Waukesha, Wisconsin, V-A Hospital.

Walker, Albert T., Capt., USN . . Assumed command of the Naval Hospital, St. Albans, Queens, N. Y., last month. Capt. Walker was the former fleet surgeon for the Pacific Fleet.

Nursing posts

Beek, Harriet L., RN . . Named director of nurses, Woman's Hospital, Philadelphia, Pa.

Kenney, Paulyne . . Named director of nurses, Central Carolina Convalescent Hospital, Greensboro, N. C., succeeding **Mrs. Jack McGee,** resigned.

McGee, Jack, Mrs. . . see **Kenney** notice

Warren, Nadean . . Assumed duties as director of nursing service, Medical Center Hospital, Tyler, Texas, after having been on the Baylor Hospital faculty in Dallas.

Divers activities

Aliberti, Silvia . . Named president-elect of the newly organized Tennessee State Association of Medical Record Librarians. Miss Aliberti is MRL at Oak Ridge Hospital, Oak Ridge, Tenn.

Hammett, L. W. . . Resigned as purchasing director, Michael Reese Hospital, Chicago, Ill., to accept the vice-presidency of the Bio Ramo Drug Co., Baltimore, Md., in charge of production. Entering the hospital field from private business about 8 years ago, Mr. Hammett was asked to assist in the administrative reorganization taking place at Sinai Hospital of Baltimore, Md., where he remained until early 1949, at which time he joined the Michael Reese administrative staff.

Petry, Lucile . . Received an honorary Doctor of Science degree from Boston U., Boston, Mass. Miss Petry, who attended the First World Health Assembly in Geneva in 1948 as the only nurse among representatives of 52 participating nations, is Assistant Surgeon General and Chief Nurse Officer of the P.H.S. She was also recently appointed to the Expert Committee of Nursing of WHO.

Ray, DeWitt . . Elected president of Methodist Hospital of Dallas, Texas. Mr. Ray is the president of the National City Bank there.

Steers, Andrew . . Named co-ordinator and consultant on construction for the new $5,000,000 Children's Orthopedic Hospital, Seattle, Wash., which is expected to reach completion in the spring of 1953.

Deaths

Hopkins, G. A., MD, 71 . . Noted pioneer physician and founder of Hopkins Hospital, Glenwood Springs, Colo. On June 2, after a lengthy illness.

Irwin, Edith B. . . Superintendent of Westmoreland Hospital, Greensburg, Pa., for 25 years until her retirement on March 1, 1951. She was a member of the Hospital Association of Pennsylvania, the Hospital Conference of Pittsburgh, and a Fellow of the A.C.H.A. On June 3, after 3 months' illness.

Miller, John, 81 . . Steward of the Royal Victoria Hospital, Montreal, Canada, for 45 years. On May 31, following 2 years' illness at Ville LaSalle.

Schults, Anthony . . Proprietor of the Schults Sanitorium, Saranac Lake, N. Y., where he had been active in civic affairs and in the Sanitoria Association. On June 9.

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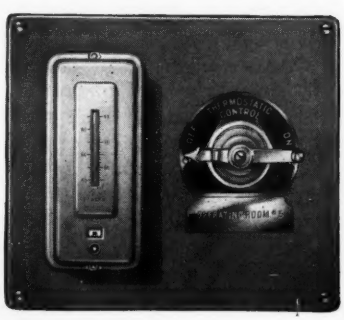

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Medical social service in the U. of C. Clinics

by **Elizabeth McKinley** Director, Social Service Department

■ ILLNESS, WHETHER ITS ONSET is sudden or gradual, whether it is grave or less serious, is always of real concern to the individual and his family and is frequently the cause or a component of social and personal problems. Since effective medical treatment considers the "patient as a person," a social service department was organized when the University of Chicago Clinics were first opened, to be an additional aid to physicians in their study and treatment of patients, and to help patients with their social and personal problems and thus facilitate their response to medical care.

Organization . . The organization of the department follows that of the other hospital departments, with a director, one assistant who is "chief casework supervisor," and the professional and clerical staff. All members of the professional staff must have completed two years of graduate education and have a Master's Degree from an accredited graduate school of social work. This academic training is our minimum requirement and workers with this and no, or limited, work experience are placed in our Caseworker I classification.

Those in our Caseworker II classification must have a minimum of three years of successful work experience and be capable of carrying additional responsibility such as supervision of less experienced workers or social work students, administrative responsibility, or a special study or research project. These duties are in addition to, and obviously may be a part of, direct service to patients.

Our goal in setting up this structure has been to provide a method whereby each member of the professional staff, including the chief casework supervisor and the director, may continue to have some direct contact with patients and thus maintain her contact with and practice in casework skills.

In addition to the academic background the minimum qualifications for the chief casework supervisor are five years' successful work experience including experience in supervision; and for the director, six years' . . including experience in supervision and administration. The chief casework supervisor serves as a consultant to all the social work staff in their handling of difficult or serious patient problems, helps the director in maintaining standards of performance, shares responsibility with the director in helping the supervising workers with problems of supervision and shares responsibility with the director in analyzing, examining and implementing the total program of the department.

Duties of director . . The director is administratively responsible to the superintendent of the Clinics and the department budget is a part of the total Clinics' budget. Therefore size of staff, equipment, placement of offices and many other such administrative problems are decided in the superintendent's office. The director is also responsible to the medical faculty, and particularly to the chiefs of the four major medical services, and to the dean of the Division of Biological Sciences, for casework practice, since that practice is part of the total medical care program.

They are therefore included in the planning and assignment of workers, and assignments are made according to the expressed need and demonstrated use on the part of the physicians. The physician's attitude and opinion is given consideration when size of staff is being decided by the director and superintendent. Since the director has a faculty appointment in the School of Social Service Administration, there is a close working relationship particularly with the instructor of medical social work.

Social workers are assigned to the various medical services, and because there is considerable variation in the use of the workers by the physicians, certain of the services are not "covered" . . although we always respond to calls from these services. Assignment to a medical service means responsibility for both hospital and clinic patients. When a patient is taken on for service by a social worker, that worker continues to be his social worker whether he is in the hospital or outpatient department, or if his case involves several different medical services. Continuity of service is considered essential for effective care.

Locations . . Whenever possible (the space problem being always present in a hospital), individual workers' offices are placed in or close to the clinic of their medical service. The accessibility of the worker to the physicians, nurses and others in the treatment team facilitates their working relationship, as well as making it easier for the patient and demonstrating to him

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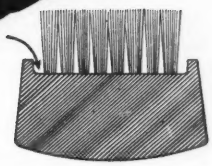

Cross-section view of "Firm-Grip" hand Brush, showing the recess in the wood block into which the tufts of bristle are inserted.

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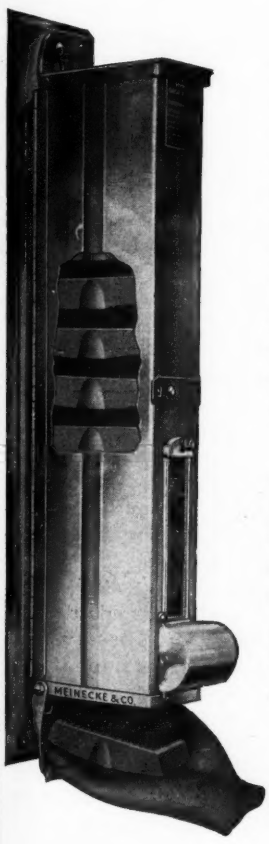

The "Sterling" Brush Dispenser holds one dozen brushes which are automatically dispensed, one at a time. Tests made of "Firm-Grip" Brushes, sterilized and dispensed from this Dispenser, prove that "the brushes are maintained in a condition suitable for the most exacting surgical technique." (Copies of tests sent on request.)

A metal plate is furnished with each Dispenser, which is attached to the wall in the scrub-up room. After being filled with brushes the Dispenser is autoclaved and put back on the plate on the wall ready for use.

Illustration at left shows dispenser attached to wall. By pushing lever, sterile brushes drop out into hand, one at a time.

with the Economical Soap-Saving Recess

We could not improve the "Firm-Grip" Brush—so we improved the block—with an economical soap-saving recess.

Note how the wood block is recessed so that when the surgeon holds the brush under the liquid soap dispenser any excess soap does not run off the block. Instead it is saved and held in the recess and ALL of it is used when the brush is turned over.

The soap you save will greatly help to pay for your brushes.

The curved indentations at sides of brush allow a firm grip. They also coincide with the grooves in the Dispenser, so that brushes slide down easily.

"Firm-Grip" Brushes with selected hard wood blocks, are made in White Nylon, Black Bristle and White Fibre. These Brushes are also available in All Nylon and all types can be used with or without the Dispenser. Complete information and prices on Dispenser and Brushes will be sent to hospitals on request.

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that the social worker is one more member of the personnel concerned with his total medical care.

This placement of the social workers means that we have offices in each of the hospitals of the medical center. Offices serving the same medical division, such as those on the pediatrics service, are grouped fairly close together. Our main office, however, is close to the other administrative offices of the Clinics. The office of the director is also there; eventually the chief casework supervisor will be housed in it.

With the social workers so scattered, it is vital that we maintain contact, which we do by means of a switchboard in the central office and a telephone on each worker's desk. Through the use of the switchboard and a blackboard in the main office, where each worker signs when she is in or out of the hospital, the whereabouts of the professional staff is always known and we are therefore available for service to patients and physicians.

Clerical service . . An adequate clerical staff and other office facilities are of great importance if we are to utilize fully the professional knowledge and skills of the social worker. Our current ratio of clerical to professional staff is 2:5 and is the minimum at which this department can operate successfully. We use recording machines for dictation and all members of our clerical staff must be good typists. In addition to the usual office jobs we use our clerical staff in a variety of ways which help the professional workers.

Our goal is to free the social workers from as much clerical work as possible so their time can be devoted to casework practice. Where workers' offices are grouped together, we have placed a clerical worker so she can be of greater help to those social workers. The clerical staff is under the supervision of an office manager who allocates the tasks and keeps the work flowing as smoothly as possible.

Activities of the department . . Any patient of the Clinics is a potential patient of this department, but we see patients only on referral. The chief source of referral is, quite naturally, the medical staff. Of the total number referred to the department in 1950, 67 per cent were referred by the medical staff, 5 per cent were referred by other hospital personnel, 12 per cent by community agencies and 16 per cent by patients or relatives. Of this latter group, the patients usually had had prior contact with our department or with other social workers.

The administrative organization of

the Clinics (that is, the admitting and credit offices) frees us from involvement in the patient's financial arrangements for his medical care. Illness frequently adds to financial pressures, however, and a financial problem may be a precipitating factor in the referral to us. We therefore maintain a close working relationship with those offices and there is considerable sharing of information, with the ultimate decision being made by the administrative officer and not the social worker. Between 50 per cent and 60 per cent of the patients referred to us are classified as full-pay patients.

The chief reason for referral of a patient to Social Service is to help him in carrying out medical recommendations. This may include making a study of the patient's social and personal situation so that the medical treatment plan can be most effective for the individual patient, e. g., the decision that the patient will respond better to home care than placement in a tuberculosis sanatorium; or it may include the fairly simple activity of securing housekeeping service while the mother is hospitalized; and a whole range of problems in between.

The primary function of the social worker is casework service and her goal is that of all other members of the treatment team, and the hospital: the achievement and maintenance of health and the rehabilitation of the individual patient. A summary of her findings and her activity is filed in the patient's medical chart and therefore is available to all others concerned. There are, too, occasions when her own work with the patient requires more detailed recording, both for future use by the department and her own study of the situation as she is working with the patient. That material is put in a "supplementary social service record" and filed in the social service office.

All this material is available to the physician if he wishes, but the file is safeguarded just as the medical chart is, as we are very conscious of the confidential relationship between the patient and the hospital. We work freely with other community agencies in getting and giving service, but no medical or personal information is given without the patient's permission.

The nature of the social worker's job means that each worker represents the hospital in the community and she also represents the department within the hospital community. To maintain standards, an understanding of hospital policy and departmental policy and to contribute to necessary changes, development and improvement, we use the devices of regular bi-monthly staff meetings and staff committees. Each October the professional staff elects representatives to our three standing committees, Casework Practice, Personnel Practices, and Planning. The casework practice committee undertakes various technical projects, such as formulating a manual for our use of the Social Service Exchange, and is one of our ways of stimulating development on the job. The personnel practices committee is concerned with intra-departmental practices not covered by University regulations. The planning committee assumes major responsibility in planning staff meetings in relation to staff interests and problems.

Teaching . . Each school year students from the School of Social Service are assigned to this department for their field work experience. They spend twenty hours a week for a period of three quarters. Each is

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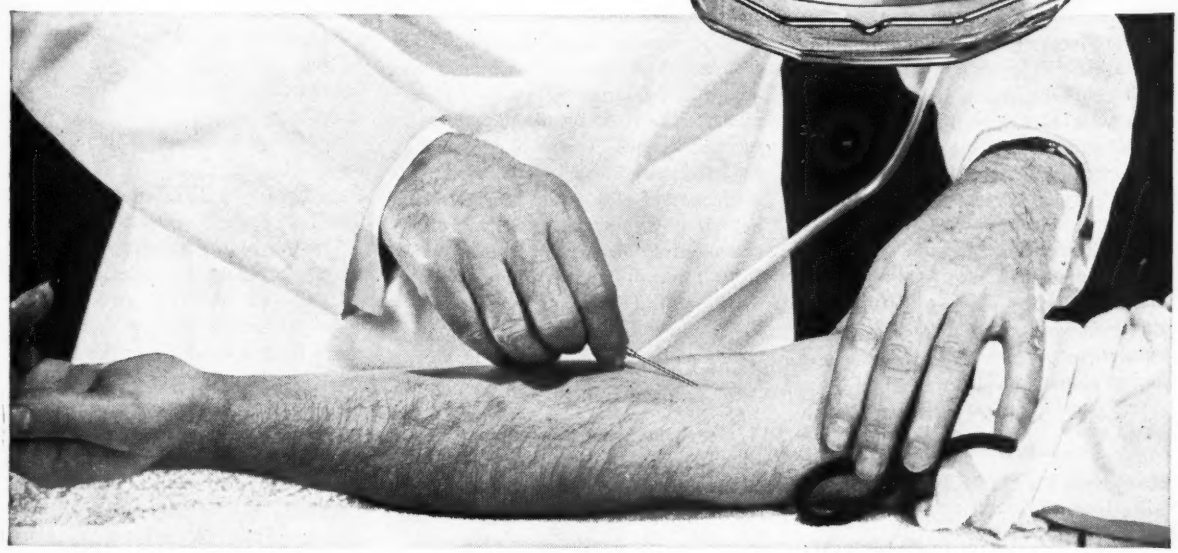

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under the close supervision of an experienced staff member who acts as the student's preceptor. This preceptor is chosen by joint agreement of the instructor at the School, the director and the chief casework supervisor. Preceptors have direct access to the instructor for help with teaching problems and there are monthly meetings throughout the school year of all people involved in this teaching.

The department is also involved in the teaching program of other professional groups. On two of the medical services the workers participate in teaching rounds. In this way the medical students and house staff learn, in an integrated working situation, the importance of social factors: what the doctor can do, how he can use the social worker and what she can do. Workers also participate in medical conferences on several of the medical services. Student nurses in the graduate obstetric and pediatric programs and in the affiliated undergraduate obstetric program have either a series of conferences or class sessions with the appropriate social workers.

The director has a series of seminars with each group of dietetic interns and carries the responsibility for a group of lectures on medical social service for the graduate students in Hospital Administration. The objective in all this participation is the same . . to help in the understanding of the meaning of illness to the individual, to create a greater awareness of social factors and social problems, and to determine explicitly what can be done about them.

Research . . Two years ago, with outside funds, this department embarked on a research and service project with the psychology department. The problems under study are the adjustment and the development of infants and pre-school children who are blind as a result of retrolental fibroplasia, and the adjustment of their parents to this kind of handicapped child. The project is the result of the interest and stimulation of the chief of opthamalogical service who continues medical interest and supervision. Another staff member was one of three speakers at a regional dental meeting and now has a paper awaiting publication.

The services of this department do not extend to the patients or physicians of the psychiatry department . . which is to me regrettable. That department has one social worker, responsible to the chief psychiatrist. With the increasing awareness in medicine of the inter-relationship of social, emotional and physical illness and with the similarity of basic training of caseworkers an accomplished fact, it seems reasonable and essential that better care could be given patients, and better teaching to social work students and the other professional groups, not to mention relationships with community agencies, if there were one integrated social service department.

Outside assistance . . The advisory boards, women's auxiliary and committees attached to the various hospitals are as interested in the activities of this department as in the other hospital departments. The appropriate staff members and the director meet at various intervals with these groups, which each allocate a small amount of money monthly or annually to be used by the department for patient needs which cannot be supplied through regular hospital resources, and give other services and help to the department. The funds are spent according to a set of principles mutually agreed upon, the two main points being that the expenditures must be because of the patient's medical-social need and there are no other resources to supply that need.

One group has a layette committee which checks the inventory and replenishes our layette cabinet at Lying-In Hospital. Another turns to us for help in knowing about, and choosing gifts, for the "birthday children" at their monthly birthday party. Three of the groups joined forces last year and formed a motor corps for the transportation of medical social workers to their home visits. This has meant a real saving to the Clinics as well as the workers because of the limitations of public transportation facilities. The service and financial help which these women give, help provide that degree of flexibility which is so essential to satisfaction on the job. ■

Strikers denied jobs at six hospitals

■ STRIKERS at six Minneapolis hospitals were denied their jobs when they sought to return to work July 9 while the other four hospitals involved in the recent strike disturbance allowed striking workers to return.

The six hospitals refused to allow the return of all workers who walked out prior to July 5 when Local 113 of the AFL Building Service Employes Union sanctioned a strike. These hospitals are Northwestern, St. Mary's, Swedish, Abbott, Fairview and Parkview. They turned away an estimated 500 former employes.

The four hospitals which allowed strikers to return to work are Deaconess, St. Barnabas, Eitel and Asbury. They readmitted about 300 employes.

The strike, which has been marked by violence, continued to see overt acts on July 9 when some 18 strikers tried to force their way

The foudr hospitals which allowed back to their jobs at St. Mary's. Police were called but the strikers had disappeared before they arrived.

The position of the six hospitals barring strikers is that workers who walked out had no strike status since the strike was not called until more than a week after the original walkout. The issue is being debated by union and hospital representatives meeting in the office of Mayor Eric Hoyer as this magazine goes to press.

Among the violent actions of the strikers were: deliveries of food and supplies were shut off, veils were torn from nuns, a male nurse was clubbed, a janitor was beaten and an intern was roughed up.

Following the issuance of an injunction by District Judge D. E. LaBelle, the union ordered employes back to work July 7. The Union claims that the hospitals have not lived up to provisions of an arbitration award.

Hospital service employe pay runs from 92½ cents to $1.33 an hour, some of the wage scales including meals.

MECHANIZED WASHROOM in modernized laundry of Patton State Hospital, Patton, Calif. At right are two 42 x 96" CASCADE Unloading Washers with Full-Automatic Washing Controls. In foreground, two 54" NOTRUX Extractors. *Photo courtesy of American Laundry Machinery Company.*

OPENING THE WAY TO SAVINGS

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Mechanized laundry machines roll up records nearly everywhere!

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The laundry department was having trouble keeping pace with the demands of this 4,367-bed institution. So the hospital enlarged the department — and put in the latest work-saving equipment. (Most of it is run by patients, under supervision of staff members.)

What a change this made! Piles of soiled linen disappeared. Out of the modernized laundry department now flows an abundant supply of ready-for-service towels, sheets, pillow cases and gowns.

And Patton State Hospital is getting this increased production even though 12 operators have been transferred to other work! What's more, they've cut a full day from the work week. And they are saving money on supplies . . . on water . . . on steam . . . on power.

It's easy to see why. Push-button operation saves time and effort. The Washers *unload automatically* by merely pressing buttons. Automatic Controls perform all washing operations, *unattended* . . . They don't guess, don't forget. Supplies are measured mechanically. *There's no skimping, no waste.*

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With Monel® equipment, too, you needn't worry about rust or corrosion. Monel resists soaps and detergents . . . alkalis . . . starches . . . dilute bleaches . . . fluoride sours. Washer cylinders and extractor baskets stay smooth, don't develop pits and rough spots.

Right now, of course—with America's defense program calling for more and more metal—you may not be able to obtain all the Monel equipment you'd like to have. Even so, it will pay to find out how mechanization can improve your operations.

For expert aid in planning a smooth-running, efficient laundry department, write your laundry equipment manufacturer.

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The University of Chicago Clinics

Medical record procedures at the U. of C. Clinics

by **Marion Gooden, R.R.L.** Chief Medical Record Librarian

■ THE MEDICAL RECORD plays an important role in the University of Chicago Clinics. In our opinion, adequate care of the patient, the teaching of medical students and progress in research cannot be accomplished without complete, accurate and readily accessible medical records. In carrying out its responsibilities the Medical Record Department performs many functions and uses the latest and most facilitating devices to serve in its prismatic facets.

Central records office . . focal point of patient information

Centralization . . We use a "centralized unit system," which means that a patient is assigned a unit number on his original visit with the physician and all findings and medical information are filed in one chart only. This one chart is used for every admission to any of our hospitals as well as all visits to any of the outpatient clinics.

An application blank containing social information regarding the patient is checked against a master alphabetical file to make certain that the patient has never been registered. The information is then typed on a master Ditto form and all forms relative to the patient's registration for all departments concerned are duplicated on a Ditto machine. This means that from one typed form the admitting office, medical record library, clinic, attending physician, resident, assistant resident, hospital floor, information desk, telepage operators, volunteers' office, chaplain and accounting office receive a notice of the patient's registration or admission to the hospital (whichever the case may be). It is evident that centralization of this one procedure is a tremendous time-saver to many departments.

Pneumatic conveyance . . The pneumatic tube system also saves time and effort for all departments in the organization. Each clinic, hospital floor and most of the individual offices have a pneumatic tube unit. Reports, charts and mail are dispatched to the respective departments through a central station located in the medical record library. One clerk can handle the dispatching of the tubes, compared to the many messengers that would be needed to deliver the material in person.

The bulk of the filing and pulling of groups of records for the clinics and offices is performed by a night staff who handle over 2,000 charts daily. This work is done at night so that charts used during the day can be filed before the next day's requests are pulled. The clinic secretaries in each outpatient clinic are required to provide an out-guide card for each chart removed. These charts are taken to the clinics on a cart.

All the other records needed during the day for patients who are seen without appointments or for other reasons are requested on a requisition slip and file clerks are kept busy most of the day filling these requests. These charts are sent to the clinics by way of the pneumatic tube system.

When a patient is admitted to the hospital an admitting officer takes his medical record to the hospital

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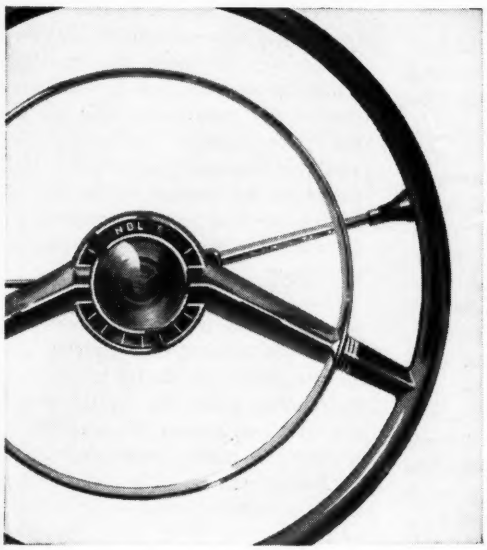

The fact that Cadillac alone offers such exclusive features as a massive X-type, one-piece frame, heavy-duty rear wheel bearings, and extra large brakes, would, in itself, place the Cadillac commercial chassis in a class apart. But when you add to this the fact that only Cadillac offers General Motors Hydra-Matic Drive—then alone do you realize the true wide margin of Cadillac superiority! Especially engineered for the commercial chassis, its lower gear ratios allow unbelievable smoothness at low speeds and easier, more powerful get-aways—all this in addition to the remarkable comforts that only freedom from shifting can provide. Moreover, this great transmission actually pays for its extra cost—for it assures better economy, longer life and lower maintenance costs. So remember when you purchase your next commercial vehicle—*only Cadillac offers Hydra-Matic Drive!*

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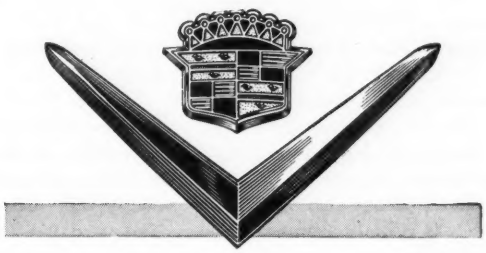

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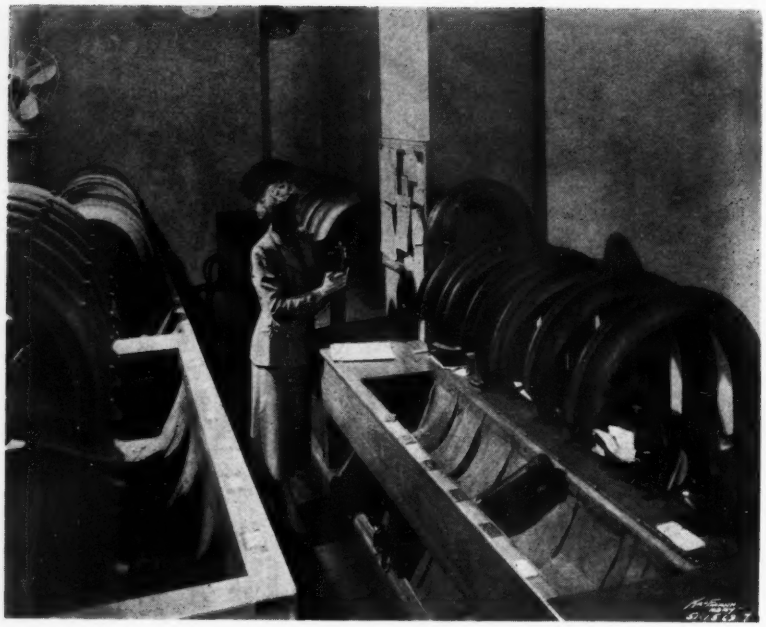

Pneumatic tube system . . speeds records to clinics and each hospital floor

floor. The history, physical examination, progress notes and discharge note are written by the doctor while the patient is in the hospital and all laboratory material is sent to the floor immediately upon completion.

The day after the patient is discharged the chart is sent to the medical record library, arranged in proper chronological order and delivered to a stenographic office where Dictaphone machines are provided for the residents, who dictate a complete summary of the case. After completion, the charts are taken to the attending physician's office for appraisal and final diagnosis.

Analysis . . A daily analysis is prepared from the finished charts. A list is made daily of all discharges by services and a notation is kept as to the condition of the patient upon discharge, whether or not there were any complications or infections and the number of consultations obtained. Diagnoses of deaths and reasons for release of patients against advice of the staff are also noted and the analysis is submitted monthly to the department chairmen and the superintendent.

The final diagnoses and operations are recorded by the "Standard Nomenclature of Disease and Operation" code system onto a visible index file so that requests for group studies of records may be pulled for the staff.

Special Lying-In technique . . Since our Lying-In Hospital cares for obstetrical and gynecological patients only, it was felt that a different type of system would be more satisfactory. The summary sheet is a printed form consisting of 80 columns with ten entries under each column. The resident dictates the pertinent information to a secretary, who places check marks in the appropriate column. At one time this information was tabulated on punch cards but now is transferred to a visible index file and different colored cards are used to indicate normal and abnormal obstetrics, abortions, new-borns and gynecology patients.

The cards are broken down into the necessary number of columns pertaining to the type of case, and statistics or cases for group study can be tabulated in a very short time. The card file saves the expense of costly machinery or the necessity of sending the punch cards to a company to be tabulated. There is no loss of time in waiting for the tabulating to be done or the problem of storage of the punch cards. The staff is very enthusiastic about the efficiency of this system.

Problems . . Like all hospitals, we have our problems . . and one of our major ones is the handling of laboratory material. There are many different laboratories located throughout the hospitals and because of the active movement of the charts it is impossible for laboratory technicians to record the findings in the charts each day. The medical record library therefore has been designated as the central place for all material to be sent. Approximately 550 reports are received daily. The reports are kept in "Sort-O-Mats" in numerical order.

All charts leaving the department must pass over the laboratory clerk's desk and reports are filed or recorded in the charts at that time. The problem lies in getting the reports in the records that are kept in various offices, special treatment files or are not in the permanent file when requested. To meet this problem telephones are set aside for exclusive use of the two clerks who handle the "Sort-O-Mats." Upon receipt of a call for laboratory reports the clerk forwards the reports to the person calling and that person is responsible for the recording of the findings into the chart.

Having the correct unit number on all material is of great importance and at the present time we rely upon the person or doctor requesting the test to place the correct name and unit number on the requisition. Errors are made occasionally and we have under consideration at this time the installation of an Addressograph system. With this system a name plate would be made upon registration of the patient and all material relating to the patient's chart would be uniform and errors could not occur.

Microfilming . . Because of the lack of storage space, it was felt necessary to microfilm charts of patients who have not been seen for a five-year period. The charts are prepared for microfilming by removing the brads and numbering the pages to be filmed. The charts are filmed on 35 mm. rolls and the roll number is

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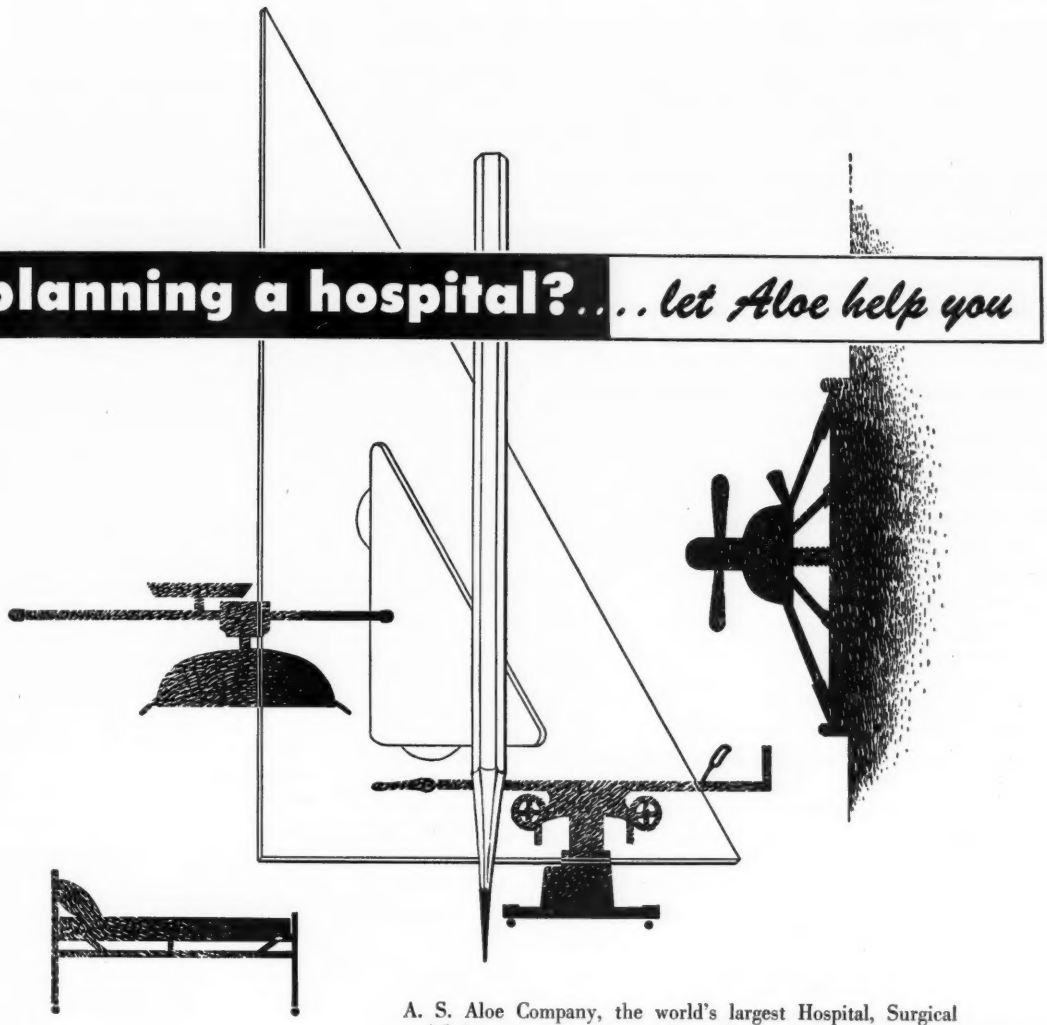

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posted on a numerical index file.

When a patient returns whose record has been microfilmed, a master Ditto is typed and a new record is made carrying the patient's same unit number. A notation is made on the statistical sheet of the chart to the effect that the old chart has been microfilmed. Microfilming has proved a great boon to the solution of our space problem, but it is definitely a handicap to the staff, since physicians do not have the time during a busy day in clinic to come to the record library to review the patient's old record and it is also very inconvenient to spend many hours before the film reader machine to collect data for research purposes, as must ordinarily be done.

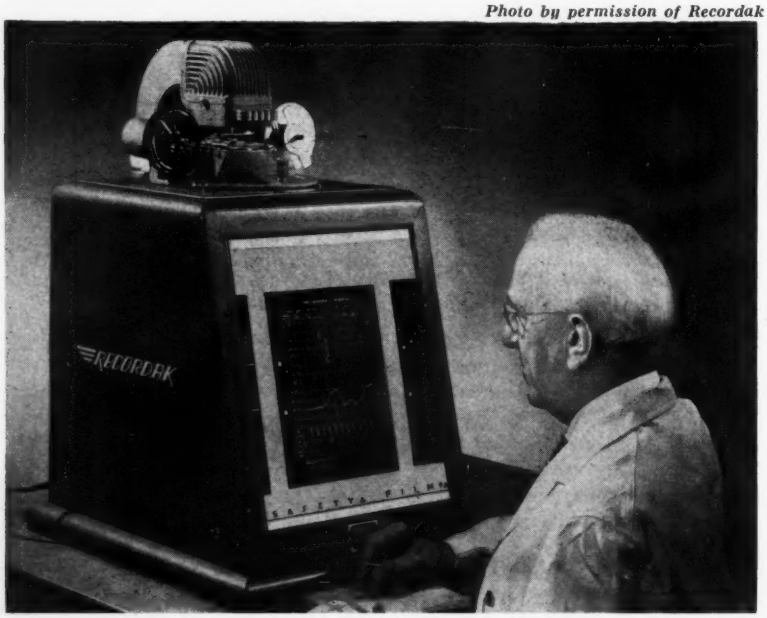
Insurance division . . A major duty in the record department is the completion of insurance and hospital forms for patients. The greater percentage of our patients have some type of insurance coverage and the volume of requests is steadily increasing. In order to process these requests more rapidly we have established an insurance division within the medical record library. This office handles the interviewing of patients regarding their requests, secures their written authorization to release medical information, completes, signs and mails the finished reports. At the present time, over 1,500 reports are completed monthly. A standard proof of illness form is substituted for the hospital report to the insurance companies. Because our medical staff is on a full-time salaried basis, the medical record department has the responsibility for completion of the attending physicians' statements that are ordinarily completed in doctors' private offices.

Changes proposed . . Our plans for the future include the changing of the present conventional method of numerical filing of records to the terminal digit system. With this type of system the file room will be divided into units, and all charts will be sorted first by the last two digits, next by the middle two digits and only at the time of filing need the first two digits be considered. One clerk will be entirely responsible for the activity of a particular unit.

It is believed that the placing of individual responsibility on one person will eliminate misfiles, provide the staff with more rapid service and distribute the work load evenly. The transposition from one system to the other will be a task, but the results are expected to improve very much the complicated process of handling medical records. ■

Recordak viewing machine . . aids quick, accurate record review

Photo by permission of Recordak



ACHA, AHA library Ross beneficiaries

■ BEQUESTS are made in the will of the late Will Ross, Milwaukee, founder of the hospital supply firm, to the American College of Hospital Administrators and the library of the American Hospital Association.

The funds will become available on the death of Mrs. Ross. The College will get 20% of a trust which represents one-quarter of the total estate, disclosed as being more than $275,000. The AHA library will get 5% of this trust.

Other beneficiaries outside of the family, all from this same trust fund, are Marquette University Medical School, 15%; Milwaukee-Downer College, 10%, for scholarships; Milwaukee Community Welfare Council, 10%; National Tuberculosis Association, 10%; American Cancer Society, 10%; Milwaukee Curative Workshop, 5%; Milwaukee YMCA, 5%; Metropolitan Milwaukee War Memorial Center, 5% to acquire works of art; Wisconsin Antituberculosis Association, 5%.

Three trusts are set up by the terms of the will. They will be based on 7,500 shares of stock in Will Ross, Inc. Any excess of shares over this amount, up to 5,000 shares, is offered for sale to Will Ross, Inc., at a price to be set by the trustees. If the company does not buy them in 30 days the shares shall be offered to employes and directors, and they shall have six months to decide whether to purchase.

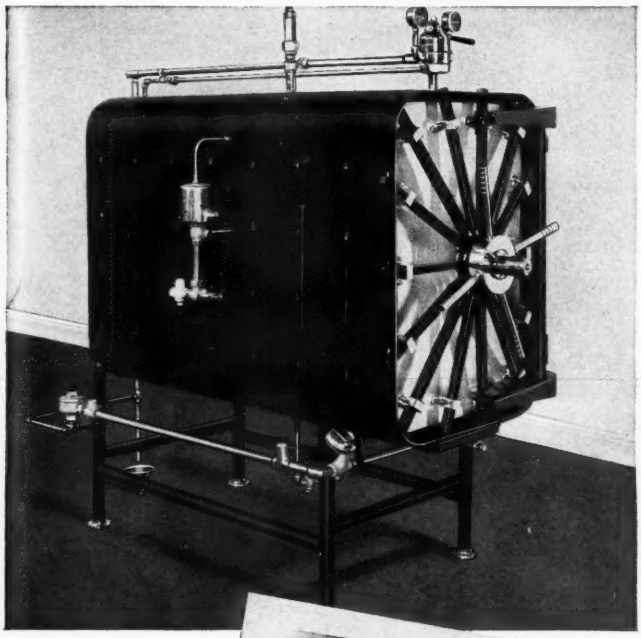
Charles E. Pain, Jr., a brother-in-law of Mr. Ross and president of Will Ross, Inc., is one of the three trustees of the estate. ■

$12,500,000 nurse plant for Bellevue

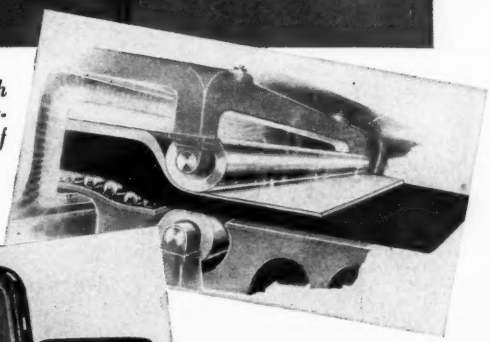
The New York City Board of Estimate, the city's final legislative authority, has approved unanimously the construction of a nurses' residence and training school for Bellevue Hospital to cost $12,500,000. The building will be 13 stories for the central structure, with two six-story wings, and will provide accommodations for 900 male and female students, a much larger number than the present nurses' home on East 26th street, which was erected in 1909.

Here's why "AMERICAN" BULK STERILIZERS

provide greater mechanical simplicity...greater operating safety...longer periods of satisfactory service.



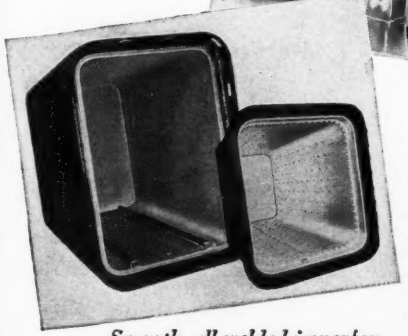
Rectangular Surgical Supply Sterilizers feature All-Welded construction and a Nickel Clad Chamber Shell as standard. A smooth, rust-proof surface is attained by a permanent bonding of non-corrosive nickel to the steel of the inner shell. All staybolts and rivets are eliminated, removing potential leakage points, permitting easier cleaning, and reducing costly maintenance problems.



Rolling process which accomplishes the permanent bonding of nickel to steel.

Operating Simplicity of the TOP OPERATING VALVE enables control of the complete sterilizing cycle by a single dialed valve . . . another "American" exclusive feature reducing the possibilities of error encountered when multiple valves must be operated.

Operating Safety of the "American" STEAM LOCKED DOOR affords positive protection against premature, explosive opening of the sterilizer door.



Smooth, all-welded imperforate inner shell as compared with outmoded riveted construction.

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The Department of Nursing Service is under the editorial direction of Dina Bremness, superintendent, Glenwood Community Hospital, Glenwood, Minn.

nursing service

The University of Chicago Clinics

Nursing at the U. of C. Clinics

by **Dorothy M. Morgan** Director of Nurses

■ WHEN THE UNIVERSITY OF CHICAGO Clinics were established in 1927 as a teaching unit for the University of Chicago Medical School, the nursing care of all patients was assigned to graduate nurses. The theory behind this of course was that only the most experienced nursing care should be available in a research institution.

The nursing service at the Clinics has remained primarily the responsibility of graduate nurses except that through subsequent nursing shortages need has arisen for augmentation of the service. This need has been filled through the use of auxiliary workers . . volunteers, attendants, orderlies and ward secretaries.

The organization of the Department of Nursing for Billings and Bobs Roberts Hospitals, the Home for Destitute Crippled Children and the projected Argonne Cancer, Hicks and Gilman Smith Hospitals makes provision for a director of nursing and two assistants, one responsible for the details of the nursing service and the other in charge of an in-service training program. They are supported by special supervisors who are responsible for such departments as the Outpatient Department, general operating rooms or for the training program for attendants, and by supervisors who are in charge of a number of nursing units over each of the eight-hour shifts. All supervisors with the exception of those in the first category work directly from the offices of the Department of Nursing. Head nurses are in charge of units varying in size from 12-bed to 37-bed wards.

The Chicago Lying-In Hospital, although definitely a part of the University of Chicago Clinics, is not under the general Nursing Department because of the nature and size of the service rendered. The director of nursing there, Miss Ann Kirchner, is supported by an assistant in charge of nursing service and a director of nursing education, since Lying-In provides educational experience for affiliating students from three outstate training schools as well as nursing education on the post-graduate level.

In both nursing departments connected with the Clinics, recognition is given to the fact that the personnel within these departments should participate in the formation of departmental policies and procedures and in the solution of problems within the scope of their abilities. Initiative and originality are fostered through regularly scheduled conferences for supervisors, head nurses, staff nurses and attendants, and by the formation of various committees. The great majority of the meetings are held within working hours since their purpose is to promote better nursing service.

Both the "patient" method and the

Nurses' station . . on Goldblatt 3. Note portable record file in rear

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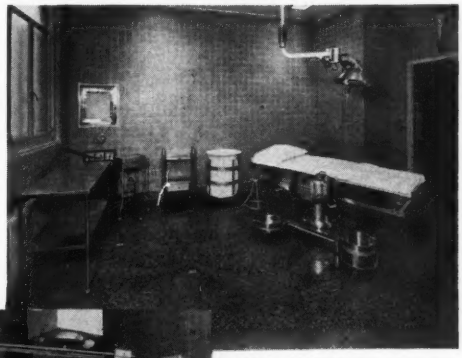
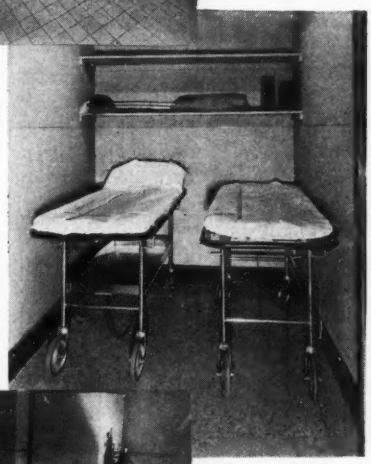
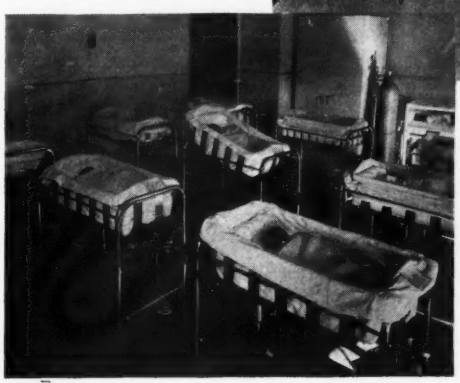


ABOVE — Delivery Room, St. Elizabeths Hospital, Brighton, Mass.

ABOVE — Operating Room, Cambridge City Hospital, Cambridge, Mass.



BELOW—Nursery at St. Joseph's Hospital, Jonkers, N. Y.



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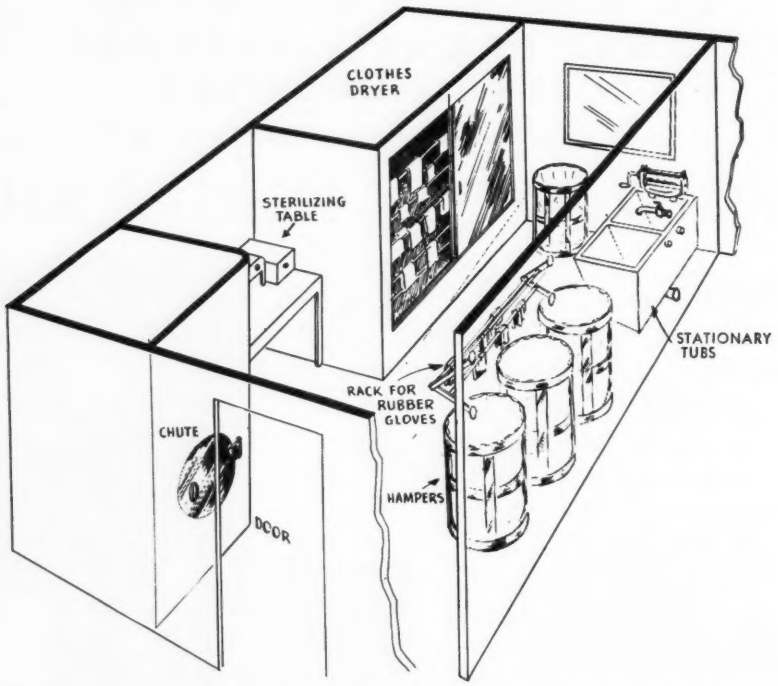


Soiled linen . . on Goldblatt 3 can be rinsed out and dried here before it is thrown down chute and taken to commercial laundry

"functional" method for the assignment of personnel to the care of patients are in use at the Clinics.

Since considerable attention is being directed toward the training and allocation of duties of auxiliary workers in hospitals now, a brief mention of the duties and the instruction of our attendants and ward secretaries might be of interest to those occupied with the direction and supervision of these classifications of personnel.

The original screening of applicants for attendants and ward secretary positions is carried out by the Personnel Department of the University of Chicago. Applicants who pass the tests there are then sent on to the nursing department for acceptance or rejection.

Attendants . . Instruction concerning patient care and other duties of the attendants is provided by a professional nurse with her degree in teaching and supervision. With the increase in patient care performed by the attendant, it is of course imperative that a qualified graduate nurse teach and supervise the attendant to safeguard that care.

The content of the course for attendants, which is given in twelve two-hour lecture periods, in a classroom especially set up for the purpose, is in terms of the duties expected of them. These duties, which are at present under the supervision of the assistant director of nursing, the supervisor in charge of their instruction and the head nurse to whom the attendant is assigned, are as follows:

I. Care of Patients:

1. Answer bells promptly and report needs of patients to nurse if necessary.
2. Pass and collect wash basins and toothcups, assisting patients if indicated.
3. Prepare and take patients to OPD, x-ray.
4. Help serve and collect trays. Prepare and serve nourishments. Distribute, collect and wash water pitchers. Feed patients as directed.
5. Pass bed pans.
6. Collect urine specimens, and make report to the nurse after analysis.
7. Give enemas.
8. Assist with baths, dressing, use of wheel-chairs, etc.
9. Take temperatures, pulse and respirations.

II. Care of Unit:

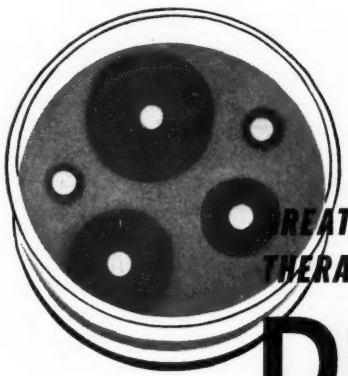
1. Care of flowers.
2. Make beds of up-patients and convalescents.
3. After discharge of patient, wash bed, clean mattress, make bed, and clean all articles belonging to unit.

III. General Cleaning:

1. Clean and sterilize utensils in utility room.
2. Clean and keep in order utility room, work room, linen room.
3. Clean standards, small tables, over-bed tables, etc. as directed.
4. Dust and polish furniture as directed.
5. Empty wastepaper baskets.

Attendants may be assigned other duties by head nurses. For example, in the absence of a maid, the attendant may be asked to do her work.

In Antibiotic Therapy



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Attendants are expected also to assume their share of responsibility for the care and order of the division. Attendants employed in the Outpatient Department and operating rooms are taught and supervised by the nursing supervisors there in the duties peculiar to those departments.

Ward secretaries . . The training of ward secretaries is accomplished in two ways. At intervals during the year, organized series of lectures are given on topics such as public relations, the meaning of clinical laboratory tests, problems of admitting office and record room procedures, by trained personnel. Between these courses of lectures, ward secretaries are initiated into their duties under the guidance of experienced secretaries and the head nurse on the floor. In brief, the duties of the clerk secretaries on the various nursing divisions of the University of Chicago Clinics are:

I. Answering the Telephone:
Take all messages for medical and nursing staff and patients as required. Send out-going calls when necessary.

II. Typing:
quired. Send out-going calls when head nurse:

1. Daily hour schedules.
2. Patient lists.
3. Admission and discharge slips.
4. Requisitions.
5. Heading up chart sheets.

III. Care of Desks in Nurses' Station

IV. Miscellaneous:

1. Care of pneumatic tubes.
2. Checking supplies as received on the nursing division.
3. Distributing mail to patients.
4. Distributing and collecting charts for doctors' rounds.
5. Directing visitors and discharging them at end of visiting hour.
6. Sending patient lists to Information Desk.
7. Chart temperatures, weights.
8. The ward secretary is responsible at all times for the proper order of the chart leaves.

With the knowledge that permanency of nursing staff is effected by certain basic principles which provide for acceptable personnel policies, good living accommodation, and constantly improved facilities in the work situation, the administration of the University of Chicago Clinics is ever alert to these needs.

In relation to personnel policies, it is especially noteworthy that a graduate nurse may elect either a rotating duty or a permanent evening or night duty, a forty-hour or a forty-four hour week. For a longer work week and the inconvenience of evening and night duty generous wage adjustments are made. Six holidays are allowed throughout the year, together with three weeks' vacation for general duty nurses and four weeks' vacation for supervisors and administrative staff.

The health of all personnel of the Nursing Department is under the supervision of the Health Service, which is headed by a full-time graduate doctor. Two weeks' illness allowance is given. Professional medical service is extended to our nurses gratis by the fine doctors of the Clinics.

One of the greatest assets of our Nursing Department is the University of Chicago Nurses' Residence, a modern apartment house located within convenient walking distance from the Clinics. There the nurses have the advantage of living in attractively furnished apartments. Dishes, silver, cooking utensils, linen and the laundering of same are supplied, and an efficient maintenance and housekeeping service keeps the quarters, the building and grounds clean and in good repair.

Modern facilities . . A number of modern improvements in facilities and equipment have eased the work of our nursing personnel and are worthy of mention. Arrangements have been made either within the nursing stations or next door to them within the floor conference rooms for the desks of the ward secretaries and the floor dietitians so that they may work together and with the nursing staff conveniently. Also, plenty of charting desk space is made available to doctors and nurses alike. Up-to-date charting equipment and medication cupboards are provided.

In the newer sections of the Clinics, almost directly across from the nurses' stations are the utility rooms. Special features of these are the facilities for rinsing out soiled linen. As all laundering of linen is undertaken by a commercial laundry, equipment is required to pre-service items which may be stained with blood and feces. It may be noted from the sketch on page 78 that stationary tubs, a wringer, hampers, heated drying rack and linen chute are so placed as to facilitate disposal of our soiled linen problem.

Too frequently in the performance of arduous and unpleasant nursing tasks we do not press into use the various advantages in the line of modern equipment in constant daily use in our homes. In this connection, mention might be made of our electric washing machine used daily to wash out dozens of rubber gloves . . an endless task if done by hand!

Recovery room . . For the purpose of providing the best possible immediate post-operative care to all surgery patients, the University of Chicago Clinics are equipped with recovery room service adjacent to the operating rooms.

The recovery room, which is constructed so that all patients may be observed simultaneously and which is forty by sixty feet, is divided by two windowed partitions. One of these walls separates a small utility area. The other divides the remaining part of the room into areas, each with a capacity of three beds. One area may be used for male and the other for female patients . . or should there be a patient requiring isolation management, he may be placed in one area, leaving the other free for other patients.

The color of the walls and ceiling is soft and subdued, so as not to interfere with the observation of the color of the patient. The floor is gray rubber tile. A wooden shelf, twelve inches wide, has been constructed just above the radiators and provides protection from injuries as well as a surface to hold small equipment needed to service the patients.

Against the far wall of the recovery room is a cupboard containing a sterile tracheotomy set, sterile intravenous equipment and solutions. A refrigerator for the storage of blood and plasma is adjacent to the cupboard. Nearby are

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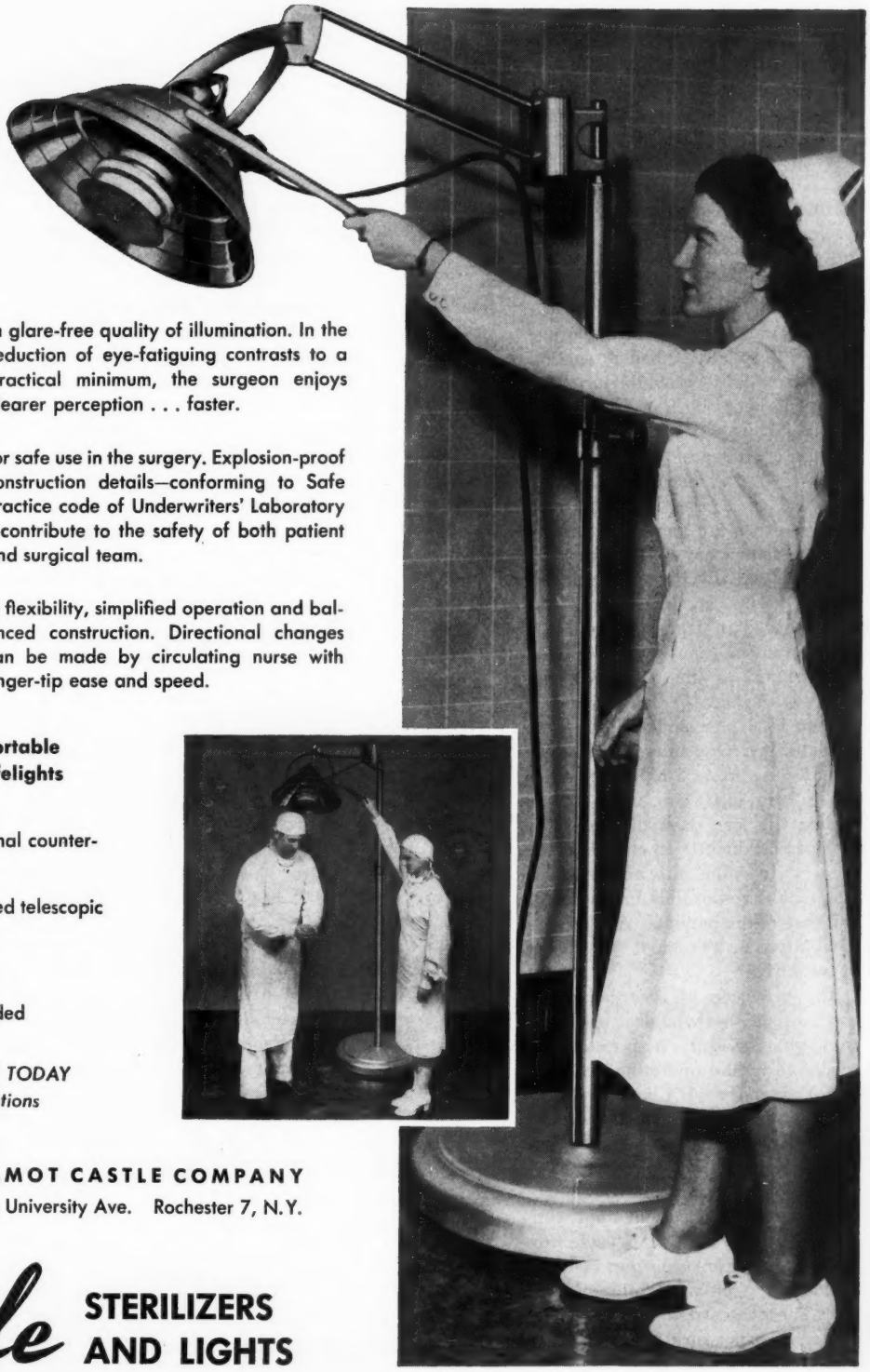

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The utility area contains a sink, supplies for cleaning, overhead racks for draining rubber tubing, a small electric sterilizer, and a work bench with a cupboard underneath for storing unsterile nursing utensils and linen. The area also is supplied with an instrument cabinet for blood pressure apparatus, oral and nasal airways, catheters, laryngoscopes, a bronchoscope, endotracheal tubes, sterile packages of dressings, and additional oxygen masks. A locked drawer in the cabinet contains narcotics and stimulants.

The oxygen equipment, an electric tent and a resuscitator are located in the most accessible corner of the utility area. Piped-in suction and oxygen will be available to the recovery room shortly.

A telephone serves to transmit all necessary messages. Air-conditioning is of course essential to such a room.

All patients are moved to the operating rooms and to the recovery room in their own beds, which are equipped with six-inch casters for greater ease in transportation.

Two nurses (one a head nurse) are assigned to the recovery room Monday through Friday from 8:30 a.m. to 6:30 p.m. and until 1 p. m. on Saturday. One nurse is on duty from 8:30 a. m. to 5 p. m., the other nurse from 10:00 a.m. until 6:30 p. m. for the five days of the week. The person directly in charge of the recovery room is the anesthesiologist, who is responsible for the medical care of the patients. Also, a surgical intern or a resident is available as required.

The provision of recorded music to those patients who desire it while undergoing surgery is an innovation available in the operating rooms of the University of Chicago Clinics and one having definite therapeutic value. The equipment, which is permanently installed in a closed alcove 8 by 5 feet in size, entirely removed from the operating room floor, consists of three recorders, each providing a different selection of music . . classical, popular or children's music. These recorders are connected by a wire network to each of six operating rooms. Wall outlets are located in each operating room and its adjacent anesthetic preparation room. Controls are in the hands of the anesthetist on duty.

Nursing education . . Many visitors to the Clinics have deplored the fact that no school of nursing has ever been set up within its walls. Excellent teaching situations are at hand within every service along with opportunities for varied medical, surgical, pediatric and orthopedic nursing experience.

In recognition of this, efforts have been made of late years to promote post-graduate study. As a result, the University of Chicago Clinics offer a six-month post-graduate course in operative aseptic technique and operating room management in all fields of general and special surgery, and six-month post-graduate courses in obstetrics in Chicago Lying-In Hospital.

The course in operating room technique and management, which recently has been approved by the state, admits classes four times a year . . January, April, July and October. Qualified personnel from the administration of the Clinics, the Department of Surgery of the University of Chicago Medical School and the Department of Nursing of the General Operating Rooms of the Clinics serve as faculty for the course.

There are three courses in Obstetrics offered within Chicago Lying-In Hospital. Two of these courses are given under the direction of the teaching personnel of this hospital, and are designed to prepare graduates for positions in the field of obstetrics above the first level. A more advanced course in maternity nursing designed for nurses who wish to qualify as specialists in this field is given by the faculty of the Department of Nursing Education of the University of Chicago. Clinical experience for this course is provided through the facilities at Chicago Lying-In Hospital.

In line with the promotion of nursing education beyond the undergraduate level, mention should also be made of the fact that in addition to the facilities at our Chicago Lying-In, those of Bobs Roberts Hospital for children are being constantly used by the Department of Nursing Education of the University, which graduates its nurses at the Master's level. Thus clinical fields are made available to those students of obstetrical and pediatric nursing during the period when they are undertaking advanced theoretical study. Coordinated programs of theory and practice are thus provided.

In-service program . . In conclusion, because every individual within a hospital setup needs additional education and guidance to aid development in the particular line of work undertaken, it is the philosophy of the present nursing administration that where the graduate staff is responsible for the nursing service, an in-service program for the promotion of the professional growth of those graduate nurses should be in effect. Army hospitals where all-graduate staffs are the rule have seen the need for educational programs along in-service lines and already have most effective teaching programs in progress.

Graduate nurses from all states in the union, and from every type of training school . . hospital or university . . large or small, join the nursing staff at the University of Chicago Clinics. As a result, there is a constant need on the part of these nurses for orientation to the techniques and policies in effect at the Clinics. Moreover, in hospitals such as the Clinics where medical research is being carried on, a discussion of reasons why the research is being done and the expected results will stimulate interest on the part of the whole nursing staff and gain their cooperation. Nurses cannot be expected to feel an interest in such projects unless they are made to feel a part of the project under way. An in-service program is therefore set up to meet these requirements. ■

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The U. of C. Clinics' Outpatient Department

continued from page 42

charges is used. To implement this system, a triplicate form is used. The original, taken to the clinic by the patient on his first visit, is retained there until the fee is set, at which time it is processed through the OPD cash register and forwarded to patient's accounts for billing, if cash is not collected on the day the fee is set. The duplicate copy is retained at the cashier's and is rung for census on each visit made by the patient. The third copy, kept in the admitting office, is used as a control for follow-up to assure the prompt setting of fees. When the fee is set, all copies are accumulated, and the transaction closed.

In summary, the fee schedule is constructed around measurable units of service with elasticity available through the use of the deferred charge. Eighty-two per cent of the patients pay at the time service is received.

Clerical service . . in the sixteen clinic areas is furnished by a group of thirty trained clinic secretaries. These secretaries, assigned, one or two to each clinic area, are responsible for the performance of all patient-service functions (excluding nursing care) necessary for the effective operation of an outpatient clinic. Their duties cover the preparatory work required for the patient's visit, such as the gathering of medical records, laboratory findings, and x-rays, and those duties connected with orderly clinic management, such as receiving patients, making return appointments, etc.

To the patient, the clinic secretary often represents the University of Chicago Clinics itself, and it is to her that he looks for individual help in carrying out his doctor's orders. By the nature of her work, the clinic secretary must be a gracious and sensitive individual, well informed on the procedural aspects of doctor and patient service, and able to cope with the problems arising from a busy clinic with expedition, tact, and efficiency.

As the volume of work in the individual clinic areas increased through enlarged census, more complex medical care and a greater demand for service from the patient, it became necessary either to increase the staff of clinic secretaries at each clinic, or to decrease the work load so that the present staff could handle it. It was decided to reduce the work load, by removing some functions from the clinic area.

The first step in this centralization of functions was realized through the establishment of a clerical pool. Staffed with a supervisor, a typist, and two trainee-secretaries, the pool was located apart from any one clinic, but adjacent to the outpatient area as a whole. It was situated so that it could effectively correlate its activities with those of the clinics it served. Units of strictly clerical work, usually voluminous and time-consuming in nature (such as typing appointment sheets, ordering medical records, and transcribing laboratory findings) were allocated to the pool, since such tasks could be performed away from the actual clinic area.

Since the work load of the individual clinics varies from day to day, depending upon the particular clinics in session, the volume of patients, and other factors, the daily schedule of work for the pool is adjusted daily by the supervisor to meet the needs of the clinics.

The pool has a leveling effect on the work load of the entire outpatient department and through judicious scheduling of work by the pool supervisor an equalized clerical work load is realized.

The second step in the centralization of function, scheduled for implementation at an early date, is the establishment of a central appointment section for special tests and other procedures requiring special patient instruction. In general, this unit of the OPD, in addition to removing a portion of the work load from the clinic secretaries, will result in a better use of available appointment time, more rapid appointment scheduling, more effective patient instruction, and a higher degree of patient service.

Clerical training . . To create and maintain a staff of clinic secretaries, an extensive training program is in force in the OPD. New applicants, selected for their background and

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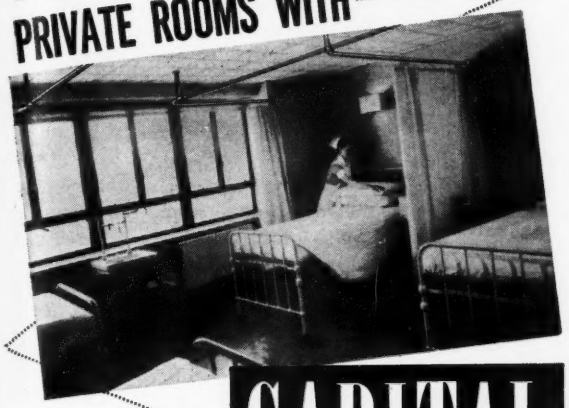

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native ability to perform this type of work, are first oriented to procedural aspects of the job. This is done in the clerical pool where the pool supervisor, through lectures and individual instruction, teaches the new employe the fundamentals of OPD procedure. In addition to the time spent with the supervisor in cubicle instruction, the new employe supplements her knowledge by actually performing parts of the job in the pool.

After an understanding of fundamentals has been created, the employe is sent to an outpatient clinic which has been equipped as a training clinic. Here, under the guidance of an experienced clinic secretary, she learns the techniques of clinic operation and is shown the application of the fundamentals learned in the pool. Also at this point, she is oriented to standards of clinic conduct, to intricacies of her relationships with patient and doctor, and to the technique of patient service. The training clinic is equipped with a telephone monitoring system which permits detailed instruction in telephone techniques.

The new employe spends a total of four to six weeks in the clerical pool and in the training clinic; this constitutes the initial phase of her training. She is then assigned full time to the pool, where she becomes a part of the work force until a vacancy occurs in one of the clinics. During the period during which the new secretary is assigned to the pool, her basic training is supplemented by temporary clinic assignments when the staff is shorthanded due to illness, vacations and lunch periods. This program of training makes trained personnel available for any vacancy when it occurs.

For the continuing phase of the clinic secretary's training, the entire group of secretaries is divided into three sections. Each section meets bi-weekly with the OPD manager to discuss solutions to problems encountered in their work. These meetings afford the manager the opportunity to discuss any new procedure contemplated, and also to talk over any operational defects that have come to his attention.

In addition to these group meetings, every fifth week a combined meeting of all three groups is held during which guest lecturers, members of the medical staff and department heads speak on subjects designed to stimulate thinking along lines parallel to the clinic secretary's job. Clinic secretaries are the core of the OPD, since the effectiveness with which they perform their jobs determines the effectiveness of the department as a whole.

Nursing . . A nursing staff under the direction of an OPD nursing supervisor provides the nursing required for outpatient care. Assigned to the various clinics in relation to the need for their service, nurses take an active part in those medical services in which they can be of help. Endoscopies, examinations under anesthesia, injections, and transfusions are just a few of the many patient services in which the nurse plays an important role.

In addition to her nursing duties, the OPD nurse routinely takes temperatures and weights; she also escorts patients into examining rooms for their visits with the doctor. Supplementing the nurse is an attendant staff whose duties include changing linens, sharpening needles, sterilizing, general housekeeping in the clinic area and other chores necessary for the orderly functioning of a clinic.

Each clinic, staffed with one or more secretaries, nurses, and attendants, is organized as an individual unit within the Outpatient Department and is equipped to perform the services required for care of the patients who visit it.

Every effort is made to keep the outpatient department a flexible unit, ready to meet any of the constantly changing needs of both doctors and patients. The purpose of the OPD, as stated in the first paragraph, is to provide facilities for the medical staff to carry out their medical programs, and to provide patient service of a private-patient nature. How well it fulfills its purpose can be determined in part by the census figures. Axiomatically, the success of any outpatient department is measured by the willingness of its patients to return. The University of Chicago Clinics are quite proud of the 9:1 ratio of return visits to new visits in their Outpatient Department. ■

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U. of C. Clinics' blood bank

continued from page 52

vas which appear to have no dimension of up and down in the usual sense and portray well known French scenes. Overhead light fixtures have been removed and indirect lighting illuminates these paintings which make interesting subjects for enjoyment and study by the donors as they are giving blood.

The coral and gray walls, colorful window drapes and coral leatherette-covered donor tables help create a pleasant, cheerful atmosphere. This décor has been carried out also in the waiting room, which has three leather lounges and also large easy chairs.

Within ten days the donor is mailed an identification card showing blood type, Rh factor and the date of donation.

Suitable equipment is kept in both rooms in case a donor becomes ill after a donation. While the loss of 500 cc of blood is well tolerated by the usual healthy person, there are at times unfavorable results in the donor which may result in minor accidents. It is therefore important that all possible precautions be taken to prevent the donor from harm. The following requirements are observed for the sake of both the donor and the recipient.

1. **Age:** 21-60 years. (Minors 18-20 are accepted with permission of the parents.)
2. **Sex:** Either sex may be used. (Women should not donate while pregnant or for one year thereafter.)
3. **General Health:** A temperature, hemoglobin and blood pressure is done on all donors.

A history is taken on every donor and a positive answer to any of these questions asked disqualifies the individual.

Procedures . . All bloods are held in quarantine in the lower part of the refrigerator until negative serology reports are received. Since we believe most errors in blood grouping are not due to ignorance but to mislabeling or diverted attention on the part of the individual typing, a very careful procedure is set up at this point.

The day's yield of blood donors is all typed the next morning by the nurse assigned to the laboratory work for the week. She initials the original donor ledger book where she will record the type and Rh factor. The slide readings and the ledger book are checked by a second nurse. When the serology reports are placed on the blood bottle tags, the Rh factor and type are also recorded, and a second check assures one that the donor's name and number on the bottle correspond with that in the ledger book. Bloods at this time are placed on the proper revolving shelves in the refrigerator according to the blood type.

Commercially prepared A, B and Rh typing serums are used, and cross-match materials are conveniently placed and kept in about the same arrangement in order to reduce likelihood of errors. In the routine cross-matching of the patient's specimen with the donor's specimen, the

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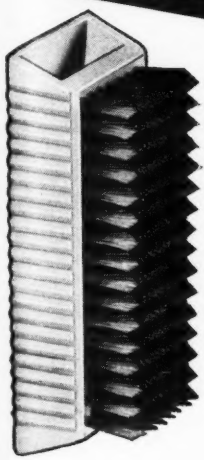

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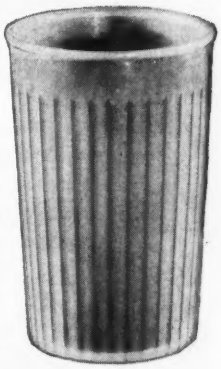

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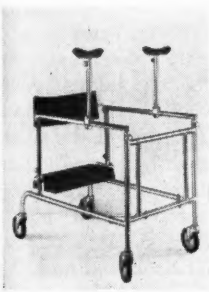

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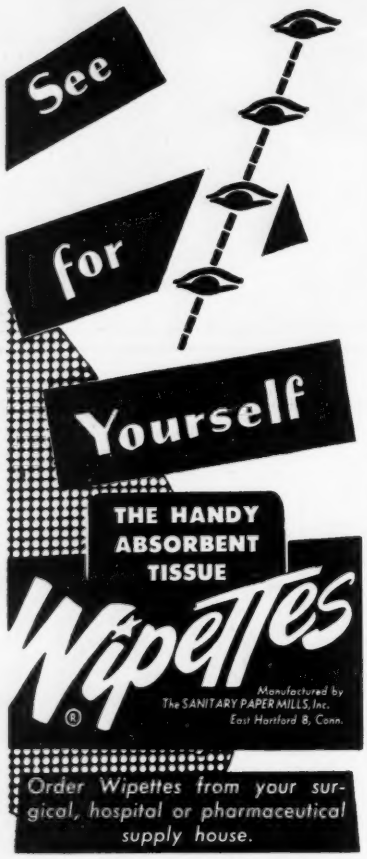
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Capable Clinical Laboratory Technicians should have the knowledge and ability to handle any laboratory procedure required. They should also have a knowledge of the ethics of their profession and not presume to assume responsibilities not rightfully theirs. Laboratory ethics are stressed during the courses at Northwest Institute and many Laboratory Directors have expressed their approval of this phase of our training.

A catalog describing this interesting course of study will be mailed on request.

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slide method, which includes a major and minor field, is used.

In addition to this test, a "gross-match" is performed before the blood leaves the department. The purpose of this additional test is to prove that the pilot tubes used on the slide test actually match that dose of blood. To do the test, a sterile glass pipette is inserted into the dose of blood to be given, and approximately four drops are removed. One drop is placed in a 10 x 75 mm. test tube and the remainder in a larger size test tube. To the specimen that contains one drop of the dose of blood is added three to five drops of the patients serum and three to five drops of normal saline. This is centrifuged at medium speed for two minutes and is read by noting first for hemolysis.

The larger proportioned tube is marked with the donor's number and stored in the refrigerator for one week following the transfusion. If the patient has an unexpected reaction, a specimen that was taken from the bottle just before the patient was transfused, is on hand to be rechecked. Through this procedure it is not necessary to inconvenience the donor by calling him back to be rechecked. We consider it to be of utmost importance to always be able to completely retrace a bottle of blood. Extensive records and cross files are employed both for blood and plasma.

The donors are bled into a bottle containing 50 cc of 4 per cent sodium citrate solution as the anticoagulant, and stored at refrigerator temperature of 4 to 8° C. ACD solution is not used because of the increased volume of solution and we are continually preparing plasma from blood that is from five to seven days old. This is done by the sedimentation method. The plasma is aspirated into a 2000 ml. pooling flask and then stored at room temperature without preservatives. When the final pool is ready to bottle three to twelve months later in 500 ml. doses, it usually represents twenty-five to thirty donors. The plasma is stored in the work room and temperatures recorded during the year in this room vary from 78° to 98° F. Storage of plasma under these conditions was originally begun because refrigeration facilities were not available when our blood bank started in 1942. This practice has continued because it has proved very satisfactory.

The pooling procedure (see cut on page 52) is carried out by a registered nurse the first thing in the morning in the room which later in the day is used to manufacture solutions.

Utensils . . The containers used throughout the department are made of thick Pyrex brand chemical glass and all are reusable. Likewise the rubber and metal closures and rubber tubing are used many times. The principles of cleansing, assembling and sterilization yield good results only when a sound, rigid technique is enforced. A bottle washer is used which pumps a hot detergent solution through jets under pressure, scouring both the inside and outside surfaces.

A needle washer is utilized to give the needles necessary care. This cleans the barrels with an automatic swab and flushes three different solutions through each needle at 35 pounds pressure. Also, an electrically run needle sharpener with three stones is used to sharpen the needles.

In a closed room with a large exhaust fan in the window, are located two steam stills and a steam autoclave. Water from the thirty-gallon per hour still is piped into the carboys in the solution manufacturing room. Water from the ten-gallon still is piped into the clean-up room.

All blood bank equipment is sterilized in the blood bank autoclave with the exception of parenteral solutions, which are autoclaved in the large operating room sterilizer.

A centrifuge which will accommodate 500 ml. bottles is utilized for preparing specially requested plasma, serum, or washed red cells.

Summary . . The basic equipment and flow of work has been so arranged that we have the maximum efficiency with the minimum amount of help. The division of labor and duties begins at one end of the suite and follows through on a production plan. Its present set up was achieved not through stereotyped planning but through cooperative efforts of both the blood bank and hospital staff. ■

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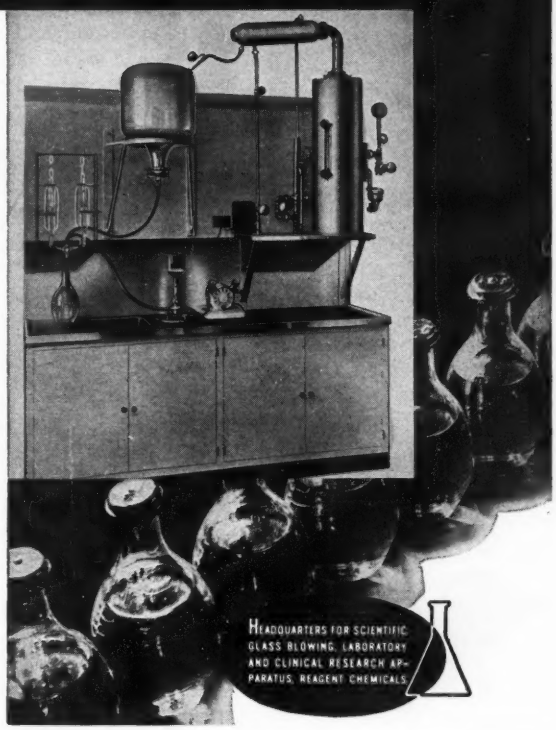

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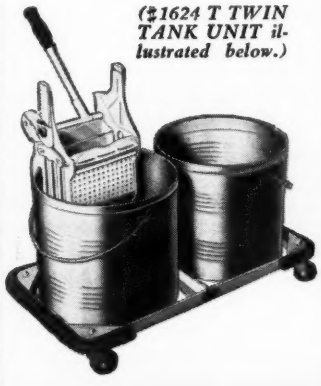

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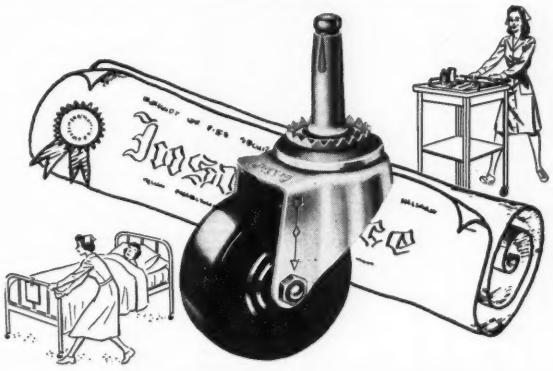

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ADVERTISED AMERICAN MEDICAL ASSOCIATION PUBLICATION

The U. of C. Clinics' front offices . .

continued from page 45

information leads to understanding and understanding leads to agreement, Special Service works on until the bill is ultimately paid.

Insurance reports . . One interesting process which assists in the collection of hospital accounts is the manner in which requests for insurance reports are handled. In a good number of instances these requests are received after the patient's discharge from the hospital. Because some patients are accepted as free and others at a reduced rate, it was found necessary to set up a mechanism to protect the hospital in instances where those patients later attempted to collect hospitalization benefits. This control was found by routing all insurance reports through the Credit Office which checks for assignments on those accounts charged in whole or in part to free service.

As this is written, Special Service plans a closer contact with the patient in the hospital by having one of its members deliver the weekly statements. The statements have previously been delivered by tube to the floor. It is hoped that this new method will get fuller information to the patient about his bill . . and incidentally pick up a few checks as a by-product. The plan was at first thought to be rushing the patients a bit, but later was found to be to their liking because it took much of the coldness out of a machine statement few of them would admit they couldn't understand.

The ability to get and to give information quickly for the patient's convenience stems in part from the flexibility of the front offices and that in turn is due to their organization. Each department head reports to the assistant superintendent in charge of all patient financial relations, who on the facts presented can, if necessary, cut across departmental lines and decide any particular case.

All free and reduced care of patients admitted for all investigative purposes by our full-time staff is budgeted and divided among the individual services. This puts the authority and responsibility for spending these funds right where they belong . . with the attending physician who can decide how long and how much he will spend and on what kind of cases. When, for any of several reasons, he accepts a patient on a free or reduced rate, the budget account of the attending doctor is billed at full rates less anything paid by the patient or his insurance. At the end of each month a concise report of his account is sent to each head of services.

One function almost unique to the University of Chicago Clinics which should be discussed is the setting of professional fees for hospital patients. This function is necessary because of our full-time, salaried physicians.

In all general medical cases and for patients on some of the specialties such as cardiology, hematology and psychiatry a daily fee is set because it best lends itself to our particular setup for these cases, can be projected for the patient, and if necessary can be adjusted to the patient's real ability to pay. This latter factor takes on added meaning after several hospitalizations of a patient whose assets are dwindling and perhaps whose disease is fatal.

For some medical patients and for all surgical patients, the process is somewhat different. The assistant superintendent responsible for this section of the hospital takes the patient's admission slip and social history card to the attending doctor. The doctor briefly describes the services rendered and the assistant superintendent, from financial information on the social history card, makes suggestions concerning the patient's ability to pay. Between them they attempt to establish a fair exchange in which the medical worth, the humanitarian and the financial dollar are balanced.

Like other hospitals, the University of Chicago Clinics has problems peculiar to its purpose, geographical location, size and reputation. To discuss these problems and arrive at ways and means of solution, all department heads in charge of functions related to financial relations with patients meet once a week. Their coordinated approach does much to keep the front offices attuned to the times. ■

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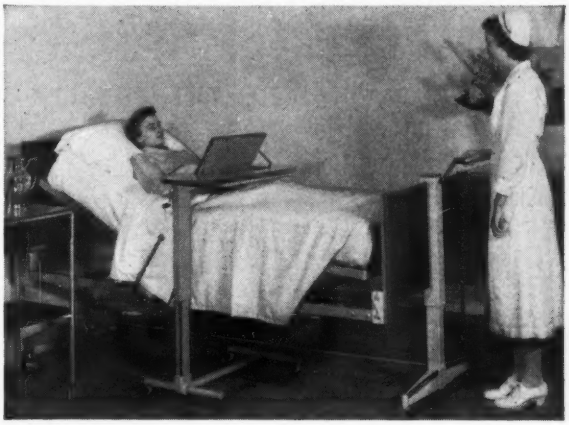

HILL-ROM offers an entirely new idea in adjustable-height beds. Instead of the usual four posts, with all four posts serving as telescoping members, this new Hill-Rom bed has but two pedestals, with an improved telescoping action incorporating the use of a heavy coil spring in the innertube.

This spring compensates for the weight of the bedspring, the mattress, and part of the patient's weight, making it possible for the bed to be raised or lowered faster, with fewer turns and less effort on the part of the nurse.

This new Hill-Rom high-low bed is a combination of wood and metal. Structural parts are of steel, with baked-on enamel finish. The panels are laminated 5-ply Walnut or Rift Oak. Size, 3′ wide x 7′-6″ long. Either Hill-Rom's standard heavy duty Gatch spring, the No. 15 crankless Trendelenburg or the No. 25 two-crank Trendelenburg spring may be used.

Patients find it easy to get in and out of the Hill-Rom High-Low bed in the low position.

Complete particulars on this new Hill-Rom High-Low Bed will be sent on request.

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the hospital pharmacy

The pharmacy of the U. of C. Clinics

The University of Chicago Clinics

by **Florence M. Hatter** Chief Pharmacist

■ THE DISPENSING LABORATORY of the pharmacy of the University of Chicago Clinics is located on the first floor convenient to the outpatient department Clinics' admission and the hospital admitting office. Prescriptions for both inpatients and outpatients are filled here as well as special solutions for the floor baskets, floor stock tablets and capsules. One-ounce procaine solutions in ½%, 1% and 2% are prepared and wrapped in this laboratory for sterilization by central supply.

Patients who live at such a distance that they cannot come in for medications may have their prescriptions filled by the dispensing laboratory and mailed to them. A 50 cent service charge is made for this.

There are a great many ramifications to the pharmacy department. The office of the chief pharmacist also is on the first floor adjacent to the dispensing laboratory. Here the professional staff may examine current pharmaceutical literature.

The stockroom and manufacturing pharmacy are in the basement directly under the dispensing laboratory. Here are located all the large bulk items for floor baskets such as alcohol, soap solutions, special sulfonamide solutions and standard drugs used daily as supplies for the clinics and ward stocks are prepared.

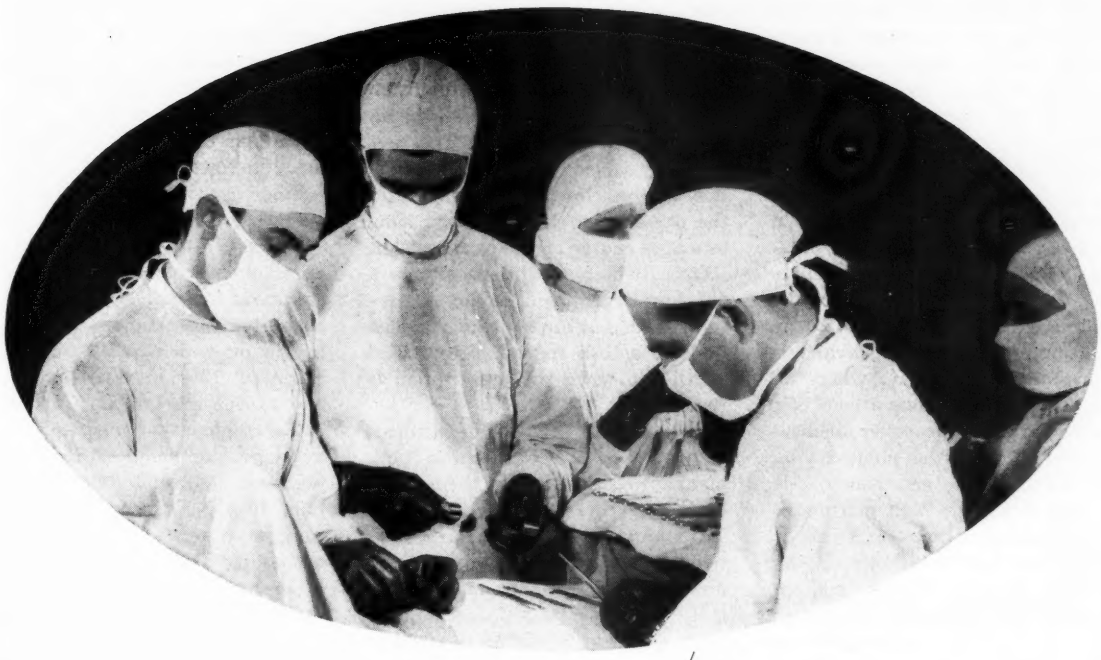
Dispensing window . . of the U. of C. Clinics' pharmacy

The manufacturing pharmacist prepares all special formula ointments used in quantity for prescription work as well as standard U.S.P. and N.F. items required in large quantities. The only tablets manufactured at this time are aspirin. The manufacturing department also prepares x-ray developer and other solutions for x-ray, as well as stains and reagents for the laboratories.

Lying-In Hospital, a part of the University of Chicago Clinics, has a small pharmacy of its own which obtains its drugs from the main pharmacy. It is under the direction of the chief pharmacist. One registered pharmacist is in charge to fill inpatient prescriptions and floor stocks for that division.

Pharmacy personnel in addition to the chief pharmacist include an assistant chief pharmacist, three full-time junior pharmacists, two part-time pharmacists, three cashiers, a stock clerk, two pharmacy helpers and a part-time student helper to wrap mail orders, replace stock, etc.

The main pharmacy is open from 8:30 a.m. to 5 p.m., Monday through Friday, and on Saturdays a skeleton staff of two registered pharmacists and a cashier work until 5 p.m. The balance of the pharmacy staff works staggered hours from 8:30 a.m. to



on the surgical service

Its broad-spectrum antimicrobial activity and ready availability in potent dosage forms suited to institutional use have influenced more and more surgeons to specify

CRYSTALLINE Terramycin HYDROCHLORIDE

Indicated in the prophylaxis and treatment of infections following thoracic, alimentary or urologic surgery; in patients with infectious heart disease, in perforated appendix, and peritonitis; before abdominal section or intestinal anastomosis, and in prolonged labor.

There is a Terramycin dosage form for every hospital service; Medicine, EENT, Obs.-Gyn., OPD, etc.

A hospital pharmacy fully stocked with all Terramycin dosage forms is equipped to meet the diverse needs of every service.

For surgery

CAPSULES: 250 mg., bottles of 16 and 100
100 mg., bottles of 25 and 100
50 mg., bottles of 25 and 100

INTRAVENOUS: 250 mg. in 10 cc. vials
500 mg. in 20 cc. vials

Also supplied as Elixir, Oral Drops, Ointment, Opthalmic Ointment, and Ophthalmic Solution.

ANTIBIOTIC DIVISION **Pfizer** CHAS. PFIZER & CO., INC., *Brooklyn 6, N. Y.*

2 p.m. on Saturdays. On Sundays and holidays the pharmacy department is open for floor prescriptions only from 9:30 a.m. to 1:30 p.m. and is staffed by one registered pharmacist.

After-hours requests are taken care of by the night supervisor of nurses who may obtain anything in the pharmacy except narcotics, whiskey or specially compounded mixtures. An emergency set-up of the most necessary drugs, including an extra supply of Demerol, is available at an emergency station where all emergency work is done after 5 p.m. The prescriptions to cover medications taken from the pharmacy or obtained from the emergency floor are sent down the next morning.

The pharmacy hours at Lying-In Hospital are from 8:45 a.m. to 5 p.m., Monday through Friday, and on Saturday the hours are 8:45 a.m. to 12:45 p.m. After-hours requests are taken care of at the main pharmacy while it is open and after 5 p.m. prescriptions are sent out to local pharmacies to be filled. Sunday and holiday orders in the mornings are taken care of at the main pharmacy.

We have found that a hospital formulary is not a necessity to prevent duplication of medicinals stocked. Our contact with the professional staff is such that we are able to discuss medications available to the staff and if a similar preparation is requested to one already stocked we are able to settle for the stock item. If a new medication, recently released for sale and different from anything stocked at present, is needed, the chief of service is asked to write a notation to that effect to the chief pharmacist and the item is ordered.

The floor drug list of about 150 items supplies the commonly used medicaments such as antipyretics, phenobarbital, laxatives, mouth wash, etc., and these are charged to floor supply at cost.

The chief pharmacist does all the purchasing of pharmaceuticals for the University Clinics and her purchase requests are sent to a central purchasing department. Drugs are purchased only from those sources which meet official standards of purity.

The entire pharmacy department fills, on an average, 150,000 prescriptions a year. These prescriptions can be identified as to their source by the type of blank used.

Inpatient prescriptions are written on a special type prescription blank which has a carbon copy. The carbon copy is sent to the business office at the close of the day after the prescription is priced and rung as a drug charge on the cash register.

Outpatient prescriptions are on a different type blank having a perforated strip at the top which is used both as a cash register receipt and a call slip when the prescription is ready.

Prescriptions from the department of pediatrics are written on pink blanks to differentiate them from the adult orders.

Discharge prescriptions for the patient leaving the hospital are sent down to the pharmacy to be filled. If the patient leaves before the pharmacy closes at 5 p.m. he is asked to call for his medication at the pharmacy and pay for it at that time. If the patient leaves the hospital after pharmacy hours, the discharge medications are taken to the hospital cashier where the patient pays for them when he settles his hospital bill.

Patients' drugs sent to the floors and not used may be returned for credit if they are ampules or vials which have been unopened or tablets that have been kept at the nurses' station during the time they were being used for the patient. Medications of less than a dollar in value are not credited unless they are ampules or narcotics.

The pricing policy of the pharmacy follows:

Floor stock items are charged at actual cost.

There is a 50% markup over cost on all inpatient and outpatient prescriptions for all medications except such items as Human Serum Albumin on which a 25% markup is made, a 10% markup on ACTH and a 40% markup on Cortone.

The employe-patients, medical and nursing staff members and personnel employed in the Clinics pay cost plus 10% for their drugs. Other campus employes pay the regular outpatient price.

Government accounts and all research projects which obtain medications and supplies from the pharmacy are charged cost plus a 10% labor charge.

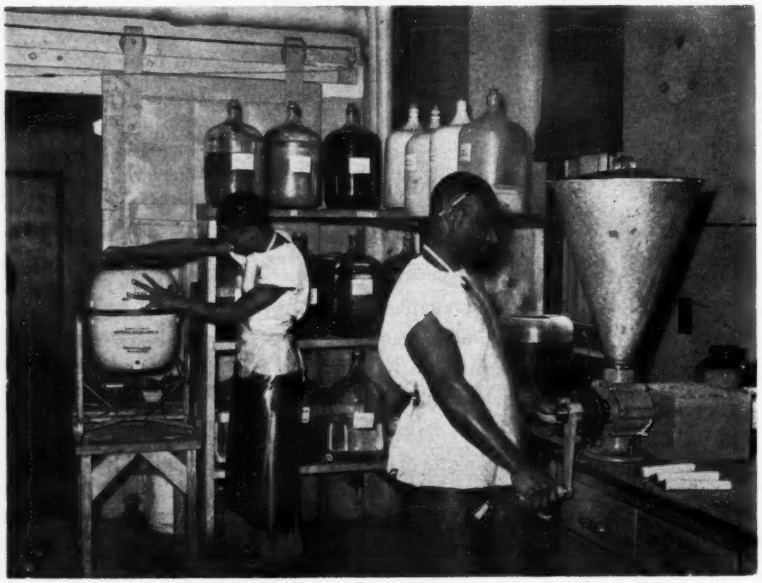
With the continued expansion of the Clinics the pharmacy is contemplating additions and changes to meet increasing demands. Among these items are:

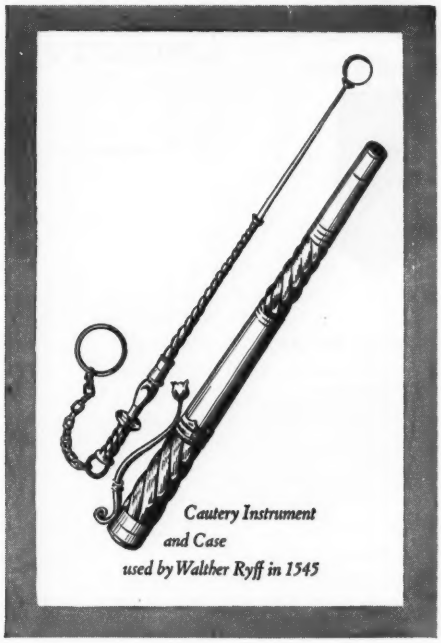
New cabinets and counters to speed up service to patients.

A still for triple-distilled water.

Larger walk-in refrigerator space to handle increased quantities of biologicals. ■

Manufacturing pharmacy . . of the U. of C. Clinics





Cautery Instrument and Case used by Walther Ryff in 1545

Might as well use a cautery...

as use an antiseptic that is toxic.

Zephiran chloride, used in proper dilution, will not irritate tender, traumatized skin or mucosa. Zephiran contains no iodine, phenol or heavy metals.

For reliable antisepsis *use...*

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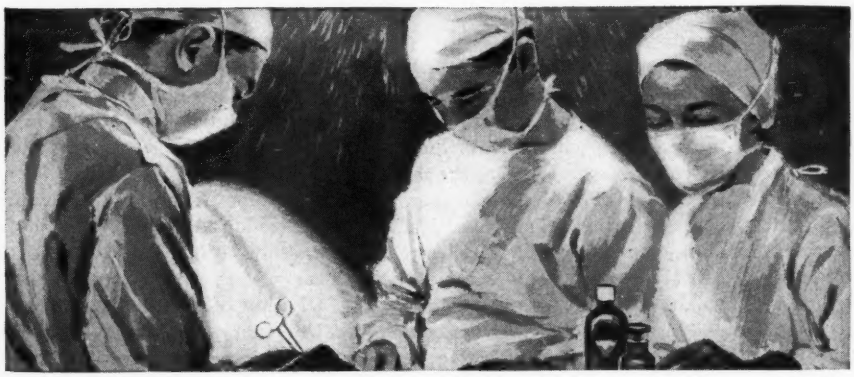
effective, safe, bactericidal antiseptic
fast acting, well tolerated, economical



Supplied as: Aqueous Solution 1:1000, bottles of 8 oz. and 1 U. S. gallon. Tincture: 1:1000, tinted and stainless, bottles of 8 oz. and 1 U. S. gallon. Concentrated Aqueous Solution 12.8%, bottles of 4 oz. and 1 U. S. gallon (1 oz.=1 U. S. gallon 1:1000 solution). Zephiran, trademark reg. U. S. & Canada, brand of benzalkonium chloride refined.

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549M

The University of Chicago Clinics

Dentistry at the U. of C. Clinics

by J. R. Blayney, S.M., D.D.S. Professor Dental Surgery and Director of the Walter G. Zoller Memorial Dental Clinic

■ THE DENTAL DEPARTMENT, established on an equal parity with other hospital divisions, is one of the more recent developments in the University Clinics. When the Albert Merritt Billings Hospital was opened, some consideration was given to the teaching, investigation and treatment of oral disease as a subdivision of the Department of Surgery. However, it was not until 1936 that such a complete program was possible. This was accomplished through the gift of over three million dollars from Walter G. Zoller.

The dental department has been organized as a completely equipped unit to treat both ambulatory and bed patients and at the same time to provide advanced training for graduate dentists both in clinical methods and in the investigation of oral diseases. The clinics are located in the northeast section of the second floor of Billings Hospital and in the General Clinic of the Chicago Lying-In Hospital. Adjoining the clinic rooms in Billings are well equipped laboratories for roentgenology, pathology and prosthesis.

Care of patients . . The clinical staff meets each morning at 8:30 for review and discussion of the x-ray films made the preceding day. Following this, the group proceeds to the hospital floors for rounds, to visit patients for whom the department has received consultation requests from other services, patients under treatment and observation, and post-operative cases. Their case histories, oral conditions and laboratory findings are presented and discussed. Following rounds, the staff returns to their respective clinics for the treatment of both hospitalized and outpatients. The schedules are so arranged to provide each staff member with an ample amount of time free from clinical assignment for research and further development of his program.

Like all other University of Chicago appointments, each member of the dental staff is on a full-time basis which does not permit practice in a private office. An effort is made to encourage all members of the junior staff . . interns, fellows, and assistants . . to enhance their knowledge of oral medicine, oral pathology, oral surgery and restorative dentistry. Fellows and assistants are encouraged to register as graduate students in some department of the Division of Biological Sciences for advanced training and research on some problem motivated by their clinical experience.

Clinical dental service . . Each clinic is completely furnished with the most modern type of equipment. Clinical service is limited to patients who are under medical management in the University Clinics and are accepted for dental service on the premise that they will give wholehearted cooperation in carrying out the program instituted for their treatment.

A trained social worker interviews each case before it is accepted for active treatment. This provides important data, which are included in the case history, regarding the family, the problems with which they are confronted, and an appraisal of their ability to carry out a long-range dental program. This service is as valuable to the patients themselves as it is to the clinic. At the completion of any period of active treatment, the names of all patients are placed in the followup file. Subsequent visits and the examinations provide the benefits of treatment both locally and systemically.

For indigent patients, all types of dental treatment are provided without fee, and most of such free care is paid for by the Zoller Fund. Treatment of pay patients is done for a fee and is limited to treatment of systemic conditions.

Emphasis is placed upon the complete study of the pathological conditions in each case rather than the volume of clinical work accomplished. Following a complete clinical and roentgenological examination of the oral structures and a survey of the patient's medical problems, a plan of treatment for the mouth is formulated. Each case is treated in the manner thought most satisfactory for that particular patient.

Since all the dental clinics are located within the hospitals, and all patients are under medical management by some division of the University Clinics, it is assured that an ample opportunity will be afforded to study oral disease.

Educational program fellowships . . Dental education will profit when provisions are made for advanced training in the fields both of the basic sciences and of clinical dentistry, especially as it is related to systemic disease. To this end the Walter G. Zoller Memorial Fund offers fellowships to well-trained young dentists who desire to equip themselves for a career in dental education and research. All candidates for fellowship appointments are required to have had academic training sufficient to be permitted to carry work of graduate level in the Division of the Biological Sciences, University of Chicago. Each fellow elects some department in the field of biological science for advanced study.

The clinical and academic programs are carried on simultaneously with an approximately equal division of time. After completion of the formal course work required of graduate students by the departments, an investigative study of some

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Plus these nutritional constituents:	
Thiamine Mononitrate (6 times MDR*)	6 mg.
Riboflavin (3 times MDR*)	6 mg.
Nicotinamide (2 times RDA†)	30 mg.
Ascorbic Acid (5 times MDR*)	150 mg.
Pyridoxine Hydrochloride	3 mg.
Pantothenic Acid	6 mg.
Vitamin B_{12}	30 mcg.
Folic Acid	3.6 mg.
Stomach-Liver Digest	1.5 Gm.

*MDR—Minimum Daily Requirement.
†RDA—Recommended Daily Dietary Allowance.

SPECIFY **IBEROL®** tablets

(IRON, B_{12}, FOLIC ACID, STOMACH-LIVER DIGEST WITH OTHER VITAMINS, ABBOTT)

dental problem in the particular field of science is begun. In this manner an opportunity is provided for advanced study in the basic sciences of medicine and dentistry as well as for additional clinical study and experience in all divisions of dental practice, with special emphasis upon the relationship of oral conditions to systemic disease either as cause or as effect. The pursuit of such a graduate program is best suited for the development of future teachers of clinical dentistry.

Fellowship appointments are made for one year; however, it is desirable that reappointments be made in order that sufficient time be allowed for the completion of an investigative program. It is usually considered that three to five years will be consumed in such a comprehensive graduate study. All graduate degrees (Master of Science and Doctor of Philosophy) are awarded by the department in which the student has elected to work.

Throughout the period of fellowship a liberal stipend, sufficient to defray expenses, is awarded. Tuition and all laboratory fees are paid. This makes it possible for ambitious young men to secure a thorough training in science before beginning their life work, even though they are without financial resources. To date, fifteen former fellows and/or interns are now engaged in some phase of dental education. While not every one has remained with us long enough to complete a graduate program, many have earned either their Master's or Doctor's degree.

Research laboratories . . This division of activities supported by the Zoller Fund was created with the firm conviction that the crying need today is not more dental service but better understanding of what creates the need for this dental service. When plans were being laid for the development of the program, a great deal of thought was given to the type of research activity that should be undertaken.

It became evident that ultimately the best results would accrue from long-term studies of the fundamental principles which are involved in dental disease rather than to carry on isolated investigations; that all the studies in progress in the various fields of science should be integrated; that the problems presented by patients were to serve as a basis for studies; that whenever possible the opportunity to relate the clinic to the research laboratories, and vice versa, should be utilized.

Imbued with the belief that the greatest good to the largest number of people will come through the combination of clinical service with an orderly investigative program in the basic sciences, Zoller laboratories have been established in the fields of anatomy, bacteriology, biochemistry, and oral pathology. Each laboratory is well equipped and is located in the building which houses the University department of that particular science. In this way staff members are not separated from the atmosphere of their specialty.

How do YOUR pharmacy costs compare with those on page ten ?

The heads of laboratories have had years of training and experience in their special fields. They are not dentists, but scientists, who have gained recognition in their respective fields, working on dental problems. In this manner the Zoller Fund has brought well-trained minds to focus their attention upon dental research. Many of the fellowship appointees have pursued their investigative programs under the supervision of Zoller personnel who are giving all their energy to the investigation of various dental problems.

With these ideals as the premise, the purpose of dentistry in the University of Chicago Clinics, briefly stated, is to offer the best possible dental service, to provide an opportunity for advanced training to the recent dental graduate, to improve therapeutic methods for the treatment and control of dental disease, and finally, to come to a better understanding of the relation which exists between oral leisons and systemic disease. ■

Coggeshall . . on teaching and research

continued from page 36

velopment and refinement of instrumentation involved in the biological testing of brain function.

The foregoing are but a few of the many research projects under way and do not include cooperative projects of interest to the armed forces on burns and toxicity studies of various compounds.

It should be noted that, in pointing out certain distinctive features of the medical plan at the University of Chicago, it is not the intention to imply that there is a qualitative superiority over other institutions. Many parts of the program that flourish here could not be instituted elsewhere. Our hospitals and medical school were fortunate in being organized when radical changes were possible. And it is good that institutions differ individually, for in the individual differences lies the chief bulwark of their strength. ■

Brown . . on administration

continued from page 38

Administration offered at the University of Chicago.

The medical staff organization at the University of Chicago Clinics is fairly typical of that of other University hospitals in this country. We do have one unique feature in that all of our medical staff are on full-time salaries and are in the hospitals full time. All are faculty members of the medical school. The appointment to the hospital staff is automatic with their faculty appointment. Their salaries are paid by the medical school and all professional fees earned in their practice are collected by the hospital and credited to the medical school.

The full-time medical staff adds to the complexity of the organization and administration of the Clinics just as do many of its other innovations. All of those innovations, however, have added to the quality of research teaching and patient care in the Clinics. The attainment of those purposes has been the basic factor in shaping the organization within the Clinics. ■

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READ MOST BY MOST HOSPITAL EXECUTIVES

food and dietetics

The Food and Dietetics Department is under the editorial direction of J. Marie Melgaard, director, Dietary Dept., Evangelical Hospital, Chicago

The Dietary Department of the University of Chicago Clinics

by **Ella M. Eck** Executive Dietitian

Main dining room of U. of C. Clinics dietary department

■ THE DIETARY DEPARTMENT has control of all aspects of food service to patients and personnel of the hospitals comprising the Clinics.

The procurement of food is done in two ways: perishable food as meat, fresh fruits, and vegetables, eggs, etc., are purchased directly by the department on competitive bids and by specification for each time. Staple items and canned goods are purchased by the central purchasing office of the University of Chicago upon request of the Dietary Department with items, quantities, and grades being specified. Comparing samples and doing kitchen tests in the department assist the purchasing office in procuring the quality specified.

Purchase orders for all food procured are sent to the food stores of the Dietary Department where food is received, stored, and issued to the units using it. The storekeeper is a man trained in food work and is a good judge of food quality. All issues from the food stores are by requisition. A clerk in the food stores prices and extends requisitions, checks invoices against purchase orders and approves them for payment, posts purchases on the purchase file, and keeps a disbursement record which constitutes a perpetual inventory. This is a great assistance in ordering since information on the current inventory and amounts used per month or year are available at any time.

Preparation of all food for both patients and personnel is done in the main kitchen, except food which needs special preparation and which would impede the large quantity work being done there. Special foods as well as all liquid feedings are prepared in the diet kitchen. Food is requisitioned from the food stores for both kitchens and charged out to the various units as ordered.

Dietitians are in charge of these units, ordering the food and supervising its preparation and distribution to the cafeteria and the patients' divisions. Standardized recipes are used to control the amounts prepared and quality of the products. Cooked yields are obtained on meats and vegetables, which are used in costing the food. Cooks are mostly women, and the aim is to produce a "home-cooked" type of food rather than the "hotel" type.

The service of food to patients is based somewhat on the cost of the accommodations selected by the patients. The wards are given planned meals without a choice except for adjustments which the dietitians on the divisions can make in marking the tray slips. Since the menu contains items appropriate for general, bland, soft and some specialized diets, there is a possibility of substitution as well as adding additional items if necessary. Patients in pri-

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Yes—MORE coffee flavor, because the heaviest users of coffee in every hospital are keen, critical judges of good coffee. They are your staff members. Please these discriminating people and there is never a doubt about pleasing your patients.
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Kitchen view of U. of C. Clinics' dietary department

vate and semi-private rooms are given a selective menu, which they mark unless their diet is restricted. For the latter, the dietitian writes the menu after consultation with the doctor and the patient. All patients, both ward and private, are seen by the dietitian frequently.

Decentralized system . . The decentralized system of distribution of patients' food is used, the construction of the hospital being adapted to this service. Electrically heated food carts convey the food to service kitchens, where the trays have previously been set up. The food is served from the carts to the trays by maids under the supervision of dietitians and carried to the patients by nursing attendents. The carrying of trays to and from the patient's room is the only part of the food problem not done by employes of the Dietary Department. These kitchens are provided with small dishwashers and the trays are dismantled, the dishes are washed, and the trays reset for the next meal.

A cafeteria provides food service to all personnel. There is no segregation, all classes of personnel using the same cafeteria, except that a large room which can be divided into small rooms, provides accommodation for luncheon groups of medical, surgical, and administrative officers. This room has a cafeteria counter and both cafeteria service and table service are given. It is used only at noon: the doctors using the main cafeteria for breakfast and the evening meal.

The organization described above has been in effect since the original building, the Billings Hospital, was opened, with some exceptions. Originally the nurses were responsible for ordering and serving the patients' food. This was changed by putting dietitians on the divisions and making them responsible for patient contact, for the ordering of all food for patients, and for the supervision of its service. The service kitchens' maids were transferred from the nursing payroll to the dietary payroll.

The food service to personnel was also changed. Originally there were several dining rooms for various groups where planned meals were given as part of the compensation. Self-service without a choice of food was provided, except that for professional and clerical personnel, the evening meal was served by waitresses. After several years, because of the demand for luncheon accommodations for the personnel and patients in the rapidly expanding outpatient department, the dining rooms were altered into a pay cafeteria, one of the first of such units to be established in a hospital.

The cafeteria system is possible because most of the personnel is on a gross salary basis. The interns, who have meals provided as a part of their compensation, sign their checks instead of paying for them as do the other customers. The signed checks are charged to a fund set up for that purpose and credited to the cafeteria as income on a cost basis (cost of raw food plus service).

Selective menu . . A selective menu is used with several choices of food in each category. The cafeteria manager is responsible for making menus and fixing retail prices under a policy set by the administration. A certain food per cent is supposed to be maintained, depending on the cost of raw food.

The general plan of the food cost accounting system used here was published in the May 1951 issue of this magazine and previously in other hospital magazines so it seems unnecessary to repeat it here.

The expansion program, with its plan of building four new units, made it necessary to provide larger quarters for preparing food and for serving the increased numbers of personnel. In order to keep the Dietary Department, which serves food to all units, at the center of the institution and to utilize space not being used, it was decided to locate it in the open center court of the main building.

The original kitchens and supplementary units had been located in the building on the south side of this court with part of the main kitchen projecting into it. In the new plan this space in the main building was used for supplementary units (cart room, bakery, diet kitchen, scullery, and ice room) with the main kitchen and the cafeteria occupying the entire middle court on the ground floor.

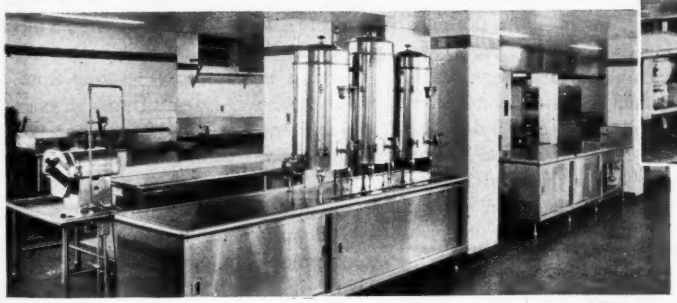
Thus the preparation and serving areas are inside, with ventilation being provided by filtered air, controlled by a forced draft system, and light being provided by artificial illumination.

The flow of food is from the receiving room into the refrigerators

award winners prefer *TRI-SAVER* coffee urns

MUTUAL LIFE INSURANCE COMPANY, NEW YORK
First Award — Close-up of cafeteria counters showing coffee urn stations, employees' cafeteria. Note Tri-Saver combination urns.

WILSON MEMORIAL HOSPITAL, Johnson City, New York
Merit Award — Note the Tri-Saver three-piece battery on stainless steel stand — main kitchen. Coffee urns are also of stainless steel.

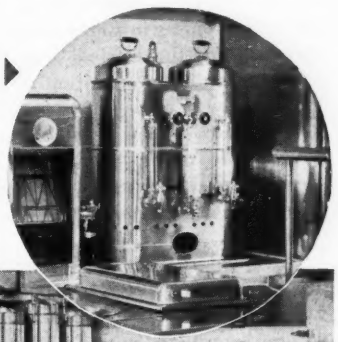


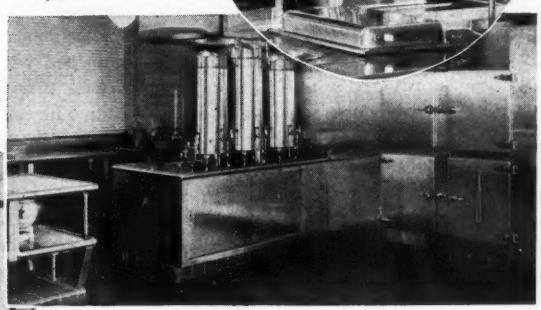
Institutions Contest winners eliminate urn bags and filter paper with Blickman TRI-SAVER system.

● Where coffee brewing demands are heavy — where reliable service is a necessity — experienced operators insist on Tri-Saver coffee urns. Here are shown some of the Tri-Saver installations among this year's Institutions Magazine Food Service Contest winners. Proven performance in providing a *uniformly rich, flavorful brew* and *elimination of urn bags or filter paper* — were important factors in the selection of this equipment. Let the experience of these prominent institutions guide you. Specify Tri-Saver for your new coffee making equipment.

BAYLOR HOSPITAL, Dallas, Tex.
Merit Award — Note space-saving Tri-Saver stainless steel twin urn in floor pantry.

STATLER HALL, CORNELL UNIVERSITY, Ithaca, New York.
Honor Award — Stainless steel 3-piece Tri-Saver battery and urn stand — main kitchen.





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Weldon Cafeteria, Houston, Texas	Merit Award
Burdine's, Inc., Miami, Florida	Merit Award
M. K. Goetz Brewing Co., St. Joseph, Mo.	Honor Award
Agnes Scott College, Decatur, Georgia	Merit Award

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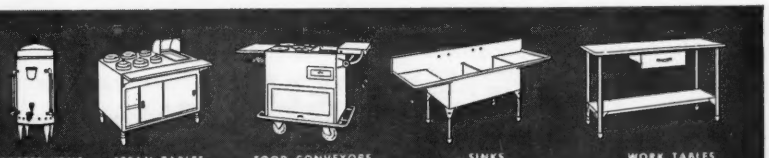
FOOD SERVICE EQUIPMENT
EST. 1889



lining both sides of a corridor leading to the main kitchen. Located here are large separate refrigerators for fresh fruits and vegetables, fresh meats, dairy products, frozen products and miscellaneous items. A butcher shop at the end of the main kitchen opens into the fresh meat refrigerator.

Main kitchen . . The main kitchen is a long room with the preparation areas located lengthwise through the center. From the end near the delivery corridor they are located in the following order: vegetable preparation, salad preparation, vegetable cookery, and cooks' area with stock pots, ranges, broilers and frying units. From this central preparation area the food for patients is put into hot and cold counters on one side of the kitchen and that for the cafeteria is put into pass-through hot and cold cabinets in the wall on the other side of the kitchen.

The vegetable preparation area is equipped with a two-section potato sink, a three-section vegetable sink, a vegetable parer, a machine for slicing, shredding, etc., an orange juicer and a sectional maple work table.

The salad section has a specially designed work table with space for two workers on each side. Each worker is provided with a removable cutting board, working table space, a sink, a drawer and shelf space. Running lengthwise in the middle of the table is a section filled with flake ice into which fit standard size pans of prepared salads or salad materials.

Behind the workers on each side is a pass-through refrigerator equipped with glass doors. The lower section is used for storing salad materials, the upper section for finished salads. The salads for the cafeteria are put into the refrigerator on the cafeteria side of the kitchen and the patients' salads into the refrigerator on the patients' side. They are removed through the doors on the opposite side of the refrigerator for distribution to carts for patients and to the cafeteria pass-through refrigerators behind the salad counter.

Two cafeteria lines . . coverage on two cash registers in dining room of U. of C. Clinics

The vegetable cooking section is equipped with three steamers, each having three compartments, a work table and an 80-quart mixing machine. The mixer is used by the vegetable cook for mashing potatoes and making purees, by the salad makers for making dressings. It is also convenient to the cooks' area which is next in line. Under the same ventilating hood are the steamers and four steam jacketed kettles (20, 40, and two 60-gallon sizes).

Both the steamers and kettles stand in a sunken stainless steel drain pan and the kettles have swinging water faucets above. The kettles face in the opposite direction from the steamers making one side of the cooks' area, which has ranges and double deck ovens on the other side with work tables between these facilities.

Cooks' work tables have a sink in one end, drawers, and a lengthwise upper shelf as well as a lower shelf. This section also has a wooden top carving table, an electric meat slicer, and scale.

Backed up to the ranges and double deck ovens are broilers, deep fat fryers, and a grill top range forming an island with cooks working on both sides. Both rows of equipment are served by concealed flues between them and are covered by a ventilating hood with removable grease filters. Work tables and a chopping machine complete the equipment of this section. Two walk-in iceboxes are located near the cooks' section, also a built-in supply closet and a mop closet.

Flanking the cooking area on one side is a distribution counter for hot food. In the top are electrically heated sections into which fit standard size pans for holding hot food. Each section is fitted with a regulating device so that the heat can be adjusted to the kind of food being held. The lower part of the counter has shelves for holding the cart utensils into which food will be distributed. This section is heated by

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Nutritional Status...

AN IMPORTANT FACTOR IN OLD AGE

A RECENT study[1] of the health and nutritional status of 200 elderly patients and their dietary habits revealed their food intake to be deficient in iron, calcium, protein, and, particularly, B complex vitamins. In many instances the lassitude and premature weakness of the elderly are due to such deficiencies.

Correction by increased intake of ordinarily eaten foods often proves difficult. The quantities that would have to be eaten frequently are more than the individual can consume comfortably.

Ovaltine in milk—a tasty, readily accepted and easily digested food supplement—offers a simple solution to this problem. Its wealth of biologically adequate protein, quickly utilizable carbohydrate, and needed vitamins and minerals, serves well in the aim of bringing nutrient intake to optimal levels.

The nutritional contribution of three servings of Ovaltine in milk (the recommended daily amount) is defined in the appended table.

1. Bortz, E. L.: Management of Elderly Patients, Postgraduate Med. 3:186 (Mar.) 1950.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.

Ovaltine

Three servings of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

PROTEIN	32 Gm.	VITAMIN A	3000 I.U.
FAT	32 Gm.	VITAMIN B_1	1.16 mg.
CARBOHYDRATE	65 Gm.	RIBOFLAVIN	2.0 mg.
CALCIUM	1.12 Gm.	NIACIN	6.8 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN C	30.0 mg.
IRON	12 mg.	VITAMIN D	417 I.U.
COPPER	0.5 mg.	CALORIES	676

***Based on average reported values for milk.**

Two kinds, Plain and Chocolate Flavored. Serving for serving, they are virtually identical in nutritional content.

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AN EMPLOYE,
SOME EQUIPMENT
OR SOMETHING ?

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steam coils and has sliding doors.

A similar unheated counter for the distribution of cold food is located opposite the refrigerators into which the patients' salads have been placed. The top of the counter is used as a work table for dishing up the correct number of desserts for each patients' division. These are stored in the shelves below, which are marked with the name of the division to which they go. A similar system is used in placing the salads and other refrigerated foods in the iceboxes behind this counter. An upright deep-freeze cabinet for dispensing ice cream to patients' carts also is located behind the counter at the end of the refrigerator.

Across the corridor from this counter in the kitchen wall are the hot and cold pass-through cabinets of the diet kitchen. The food is put into the cabinets on the diet kitchen side on shelves marked for each division. Similar markings are on the kitchen side of the pass-through cabinets.

When the carts are brought into the kitchen for loading, food from the diet kitchen cabinets is loaded first, then the desserts and salads from the cold counter, then the hot foods from the electric hot counter, which are dished up as called by the supervisor who is in charge of loading and checking carts.

New carts . . The new carts used for transporting and serving the patients' food are of stainless steel throughout with two heated rectangular sections into which fit standard size pans, and three or six round wells in the top. Under the rectangular sections are heated drawers. The lower part is unheated and is used for desserts and other cold food. The carts are connected in the cart room for heating before being loaded and are connected again when they reach the service kitchens on the divisions. The food is served directly from the carts to the trays.

The cafeteria food moves to the opposite side of the kitchen into hot and cold cabinets in the wall between the kitchen and cafeteria. The electrically heated cabinet has sections for various types of food. Each section is fitted with slides which hold the pans of food for the cafeteria hot counter. These counters have electrically heated sections for holding food like those previously described for the patients' food.

Opening off the main kitchen are several supplementary units which supply or serve the main kitchen. One of these is the diet kitchen, where food needing special preparation, e.g., salt free, fat free or weighed food, and all liquid nourishments are prepared.

The bakery also is in a separate room. This is equipped with two three-deck electric ovens, a steam jacketed kettle and a two-compartment steamer. A baker's table has four bins below, a sectional maple top with drawers and a row of small spice bins on the upper shelf. There is also a supply cabinet, a landing table, a cooling rack and a pan rack, an 80-quart mixer and a 20-quart mixer. A three-door reach-in ice box has shelves above and open spaces below so that small carts of prepared material can be rolled in until needed.

The scullery occupies a room near the cooks' area of the kitchen. This is equipped with a three-section soaking sink and drain boards, shelves for pan storage and a mechanical pan washer. This machine has a wash tank and a rinse tank with the water being pumped through spray heads above and below on the pans, which rest on a moving circular frame. There is also a final rinse spray direct from the booster tank. The pans are put into the machine on the left side of the opening and taken out on the right if clean or left in to go around again. There are temperature thermometers for each tank and pressure gauges. The pressure can be adjusted for heavy and light pans. Pans with food cooked on need to be soaked and scraped but many pans can be put into the machine with little or no processing.

This machine gives virtually the first improvement in the method of pan washing since washing in sinks was substituted for washing in brooks. It is a great aid to the sanitary washing of pans, since they are subjected to much higher temperatures than can be used in hand washing and are hot enough to drain

continued on page 112

Notable PROGRESS IN A SPECIAL FIELD

Today the list of Ideal Firsts is the record of progress in hospital equipment for feeding operations and other practical services.

Ideal brings to dietician and nurse advanced mechanical aids developed and manufactured with the same precision, quality and care that is given to the equipment used in laboratory, surgery and departments for diagnosis and treatment.

Every Ideal First marks the advent of valuable advantages not previously available to patient or staff. Ideal Food Conveyors give to the patient the maximum benefits of nutritional therapy, and to the staff complete and accurate control over diets together with gratifying economies in time and labor. Ideal Hot Pack Heater delivers perfect hot packs at bed side with unprecedented ease and speed.

More Ideal Firsts are on the drafting board and in the pilot stage. You will be keenly interested in Ideal announcements to be made in the near future.

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THE SWARTZBAUGH MANUFACTURING COMPANY
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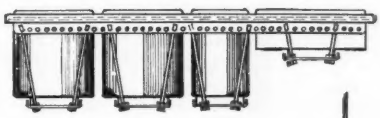
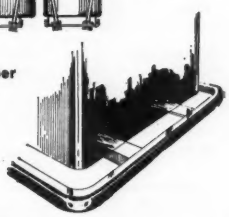
IDEAL FIRSTS

The first hospital food conveyor ever built was an Ideal. Ideal also developed and built the first electric hospital food conveyor. Other notable Ideal Firsts are listed below. Imitations, of which there are many, approach the original only superficially.

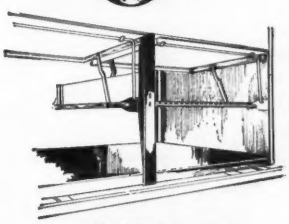


Bridge-type top construction.

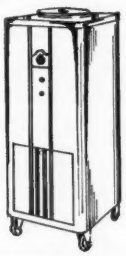
Interchangeable bumper (no screws, etc.)



Special diet trays.



Double lever overhead doors, later improved to allow shifting of material from one compartment to the other.



An automatic Hot Pack Heater.

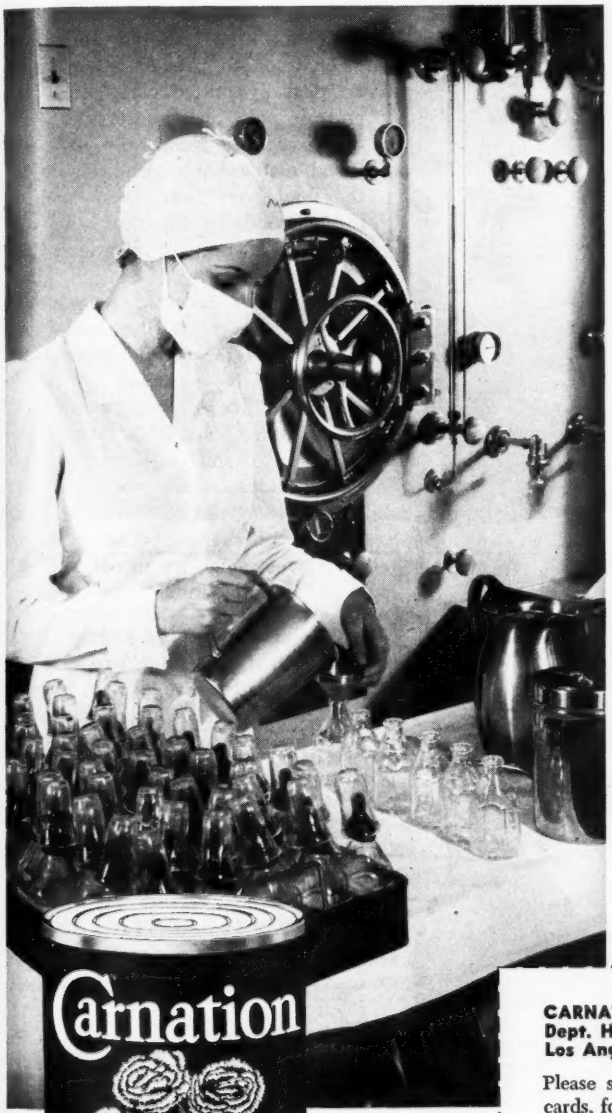
Ideal
FOOD CONVEYOR SYSTEMS
Found in Foremost Hospitals

monthly menus hm . . . August

Suitable for staff, personnel and patients not requiring special diets

		Breakfast	Dinner	Supper
Wed.	1.	Grapefruit Juice; Cold Cereal; Shirred Egg; Toast	Panned Liver with Bacon; Pittsburgh Potatoes; Bu. Beets; Fruit Salad; Fig Filled Cookies	Julienne Soup; Barbecued Ham Sandwich; Adirondack Salad; Blueberry Cobbler
Thurs.	2.	Cantaloupe; Cold Cereal; Crisp Bacon; Twin Mountain Muffins-Jelly	Roast Chicken with Dr.; Mashed Potatoes; Green Beans, Gascon; Lettuce Wedge-1000 Is.Dr.; Fresh Peach Ice Cream Sundae	Veal Turnover-Vegetable Sauce; Tomato-Pear Salad; Burnt Sugar Cake
Fri.	3.	Red Plums; Hot Cereal; French Toast-Syrup	Fillet of Lemon Sole-Tartar Sauce; Rhode Island Potatoes; Cold Tomatoes; Carrot Slaw; Tutti Frutti Sponge Cake	Spiced Ham & Vegetable Omelet; Hot Biscuits-Jam; Tossed Salad Greens; Watermelon Slice
Sat.	4.	Blended Fruit Juice; Cold Cereal; Poached Egg; Toast	Braised Short Ribs of Beef; Parslied Bu. Potatoes; Stuffed Zucchini; Pickled Peach Salad; Frosted Golden Cup Cake	Cubed Steak Sandwich; Roast Potato Balls; Pickle Relish Salad; Caramel Fruit Eclair
Sun.	5.	Berries-Cream; Cold Cereal; Scrambled Eggs with Ham; Sweet Rolls	Curry of Chicken; Candied Yams; Celery Creole; Krispy Relishes; Peanut Brittle Ice Cream	Cheese-Bacon-Tomato Rarebit; Stuffed Baked Potato; Asparagus-Egg Salad; Assorted Fresh Fruit; Minted Lemonade
Mon.	6.	Baked Rhubarb; Cold Cereal; 3-Minute Egg; Toast	Roast Loin of Pork-Apple Sauce; Potato Cakes; Fresh Spinach; Mexican Salad; Melba Peach	Vegetable Soup; Italienne Spaghetti with Tiny Meat Balls; Fruited Gelatine Salad; Mocha Dot Cake
Tues.	7.	Fresh Grapes; Cold Cereal; Baked Egg; Raisin Toast	Beef Birds-Brown Gravy; Maitre d'Hotel Potatoes; Grated Carrots; Pickle-Radish Salad; Blackberry Cobbler	Chicken Wings with Gravy; Rice Croquettes; Tomato-Endive Salad; Oatmeal Bars
Wed.	8.	Minted Orange Tidbits; Cold Cereal; Bacon Curls; Coffee Cake	Lamb Roast-Onion Gravy; Whipped Potatoes; Bu. Peas; Garden Salad; Cantaloupe a la Mode	Cold Veal in Tomato Aspic; Baked Potato; Boston Brown Bread; Four Fruit Pudding
Thurs.	9.	Honey Dew Melon; Cold Cereal; Pancakes-Syrup	Minute Steak; Shoestring Potatoes; Summer Squash; Golden Glow Salad; Bing Cherries	Salami Stuffed Pepper; Lyonnaise Potatoes; Leaf Lettuce-Sour Cr. Dr.; Fresh Peach Shortcake
Fri.	10.	Bananas-Cream; Cold Cereal; Omelet; Toast	Lake Trout-Egg Sauce; Potatoes au Gratin; Pimiento Wax Beans; Melon Ball Salad; Coconut Custard	Mongole Soup; Tuna Fish & Cabbage Tossup; Pickled Beets; P.H. Rolls-Jelly; Lime Sherbet
Sat.	11.	Tomato Juice; Hot Cereal; Shirred Egg; Toast	Vienna Roast-Celery & Mushroom Sauce; Franconia Potatoes; Corn on Cob; Fruit Salad: Ice Box Pudding	Broiled Lamb Chop; Chantilly Potatoes; Normandy Salad; Boysenberry Pinwheel-Wh. Cr.
Sun.	12.	Grapefruit Half; Cold Cereal; Crisp Bacon; Muffins-Jam	Grilled Ham Steak; Mashed Potatoes; Frozen Broccoli; Marinated Cucumber Wheels; Cheese Apple Tart	Turkey Sandwich au Gratin; Latticed Potatoes; Assorted Relishes; Chocolate Mint Parfait
Mon.	13.	Prunicot; Cold Cereal; Poached Egg on Toast	Braised Beef Cubes with Noodles; Sauted Okra; Corn Relish; Cherry Roly Poly	Hot Spiced Tongue; Creamed New Potatoes; Pear-Grated Cheese Salad; Sand Tarts
Tues.	14.	Tangerine Juice; Hot Cereal; Scrambled Eggs; Toast	Lamb Pattie; Bu. Lima Beans; Broiled Tomato Half; Cole Slaw; Norwegian Prune Pudding	Cold Sliced Roast Beef; Potato Cakes; Chiffonade Salad; Iced Cup Cake
Wed.	15.	Peaches-Cream; Cold Cereal; French Toast-Preserves	Roast Fresh Ham; Whipped Potatoes; Spinach a la Swiss; Tossed Green Salad; Baked Apple	Potato Chowder; Club Sandwich; Lettuce Wedge-Rus. Dr.; Plum Cobbler
Thurs.	16.	Persian Melon; Cold Cereal; Bacon Curls; Danish Coffee Twist	Veal Birds; Parslied Bu. Potatoes; Minted Peas; Stuffed Celery; Fruited Floating Island	Frizzled Beef-Corn & Mushroom Sauce; O'Brien Potatoes; Black-Eyed Susan Salad; Devils Food Layer Cake
Fri.	17.	Orange Slices; Hot Cereal; 3-Minute Egg; Toast	Sturgeon Steak; Delmonico Potatoes; Harvard Beets; Wilted Spinach Salad; Lemon Sherbet-Peaches	Stuffed Deviled Eggs; Kidney Bean Salad; Blueberry Muffins-Jam; Vegetable Jackstraws; Spice Cookies
Sat.	18.	Apricot Nectar; Cold Cereal; Griddle Cakes-Syrup	Barbecued Chicken; Glazed Sweet Potatoes; Corn on Cob; Cranberry-Relish Salad; Green Gage Ice Cream	Ham-Cornbread Shortcake; Julienne Vegetable Salad; Strawberry-Pineapple Chiffon Tart
Sun.	19.	Cantaloupe; Cold Cereal; Crisp Bacon; Orange Coffee Cake	Roast Prime Ribs of Beef au Jus; Roast Potato Balls; Frozen Asparagus Tips; Pickles-Relishes; Raspberry Shortcake-Wh. Cr.	French Onion Soup; Chicken Salad on Toasted Roll; Potato Flakes; Tomato Garnish; Chilled Watermelon
Mon.	20.	Fresh Grapes; Hot Cereal; Shirred Egg; Toast	Cushion Roast of Lamb; Oven Browned Potatoes; Braised Celery; Beet Relish Salad; Fruit au Gratin	Steak & Kidney Pie; Succotash; Mixed Fruit Salad; Marble Cake
Tues.	21.	Tomato Juice; Hot Cereal; French Omelet; Toast	Smothered Steak; Mashed Potatoes; Frenched Green Beans; Sunburst Salad; Indian Pudding	Tomato Consomme; Hot Roast Pork Sandwich; Vegetable Salad, Macedoine; Escalloped Apples
Wed.	22.	Bananas-Cream; Cold Cereal; Bacon Curls; Kolaci	Savory Veal Roast; Baked Sweet Potatoes; Corn in Green Pepper Ring; Shredded Lettuce; Pistachio Ice Cream	Spanish Meat Balls; Julienne Potatoes; Asparagus-Egg Salad; Fresh Cobbler
Thurs.	23.	Grapefruit Juice; Hot Cereal; Scrambled Eggs; Toast	Maryland Chicken; Bu. Noodles; Diced Carrots; Pear-Macaroon Salad; Chocolate Chip Cottage Pudding	Swiss Potato Soup; Cheese Stuffed Wieners-Buns; Hot Slaw; Salad Greens; Fruited Cream Puff
Fri.	24.	Rhubarb Sauce; Cold Cereal; Poached Egg; Toast	Panned Perch-Lemon; Escalloped Potatoes; Fresh Spinach; Perfection Salad; Fruit Drops	Shrimp Curry; Fluffy Rice; Green Bean Tomato Salad; Fresh Grapes; Ginger Snaps
Sat.	25.	Red Plums; Hot Cereal; 3-Minute Egg; Toast	German Pot Roast; Browned Potatoes; Bu. Squash; Cauliflowerets Salad; Cherry Tart-Wh. Cr.	Canadian Bacon; Corn Fritters-Syrup; Tomato-Chicory Salad; Refrigerator Cheese Cake
Sun.	26.	Pineapple Tidbits; Hot Cereal; Link Sausage; Cinnamon Bun	Chilled Fruit Juice; Vermont Chicken Pie; Baby Green Lima Beans; Radish Roses-Olives; Oriental Ice Cream Sundae	Toasted Deviled Ham Sandwich; Fr. Fr. Potatoes; Peach-Nut Salad; Molasses Cookies
Mon.	27.	Cantaloupe; Hot Cereal; Scrambled Eggs; Toast	Breaded Veal Cutlet; Golden Brown Potatoes; Lettuce Wedge-Fr. Dr.; Boston Cream Pie	Savory Meat Loaf; Potatoes au Gratin; Frozen Fruit Salad; Toasted Crackers, Cream Cheese, & Jelly
Tues.	28.	Grapefruit Half; Cold Cereal; Pancakes-Syrup	Lamb Fillet; Watercress Potatoes; Turnip Greens; Celery-Carrot Curls; Fresh Pear; Cookies	Grilled Bologna; Stuffed Tomatoes with Macaroni & Cheese; Combination Vegetable Salad; Iced Apricot Tart
Wed.	29.	Fruit Nectar; Hot Cereal; Baked Egg; Toast	Roast Loin of Pork; Whipped Potatoes; Bu. Wax Beans; Crisp Garden Salad; Green Apple Sauce	Hamburger-Bun; Cottage Potatoes; Jellied Bing Cherry Salad; Graham Cracker Roll
Thurs.	30.	Blue Plums; Hot Cereal; Crisp Bacon; Muffins-Jam	Minute Steak; Stuffed Baked Potato; Acorn Squash; Cucumbers-Sour Cr. Dr.; Peach-Cherry Upside-Down Cake	Creole Soup; Veal Paprika with Noodles; Sliced Tomatoes; Hot Fudge Ice Cream Sundae
Fri.	31.	Orange Juice; Hot Cereal; 3-Minute Egg; Raisin Toast	Pan Fried Trout-Piquant Sauce; Bu. Crumb Potatoes; Stewed Tomatoes; Cole Slaw; Sponge Jelly Roll	Cream of Spinach Soup; Tuna Fish Salad Loaf; Crusty Rolls-Jam; Assorted Relishes; Chilled Fruit Cup

For your house formula use Carnation... the milk every doctor knows



Carnation is an especially suitable milk for infant feeding, and for bland and special diets. It bears the seal of acceptance of the Council on Foods and Nutrition of the American Medical Association.

"from contented cows"

Laboratory and clinic tests prove that evaporated milk is not only more nourishing, safer, and more digestible for babies... it is also more economical for hospitals than any other form of whole milk, or any infant feeding "compound". No wonder recent surveys show that 80% of the hospitals that have a house formula use evaporated milk for infant feeding!

And out of the hundreds of brands of evaporated milk, Carnation is *one* that every doctor knows... *one* that has been selected by America's leading hospitals. Ask the doctors on your staff about these outstanding characteristics of Carnation that have made it a favorite for more than half a century:

1. Carnation Research Has Improved the Raw Milk Supply

For years, champion cattle from the famous Carnation Farm have been distributed to dairy farmers all over the country, thus improving the local milk supply to the Carnation evaporating plants.

2. Carnation Accepts Only Top-Quality Milk for Processing

Carnation Field Men regularly check the farmer's herds, sanitary conditions of the farm, and equipment. Milk is rejected if it fails to meet any single one of Carnation's high standards.

3. Carnation Processes All the Milk Sold Under the Carnation Label

From cow to can, Carnation Milk is under Carnation's *own* continuous control. It is processed in Carnation's *own* plants with "prescription accuracy" to insure uniformity of milk solid content, curd tension, viscosity and *quality*. Carnation never has—and never will—sell milk processed by another company.

4. Carnation Quality Control Continues Even AFTER the Milk Leaves the Plant

Every can of Carnation bears a control code number ... so that Carnation representatives can check stocks regularly after they're shipped, to be sure hospitals (and mothers) receive fresh, quality milk.

No matter what kind of milk you are now using, you should investigate the advantages of Carnation Evaporated Milk for your house formula. Carnation is unusually simple to prepare—works equally well with terminal heat or standard technique... with pressure or non-pressure terminal heating equipment. Order a supply of Carnation Milk today, and mail the coupon below for free maternity ward material.

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Los Angeles 36, Calif.

Please send me—free of any cost or obligation—a supply of crib cards, formula cards, and baby care leaflets, for use in our hospital.

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HOSPITAL_____

ADDRESS_____

CITY_____ ZONE___ STATE_____

continued from page 108

and dry without toweling. Also the use of a machine removes much of the back-breaking labor and raises the status of the job in the eyes of the personnel, making it easier to secure more intelligent employes.

Ice machines . . Two automatic ice machines occupy a separate room. One makes flake ice for packing the salad and juice counters in the cafeteria and the other supplies cube ice for iced tea, etc. in the cafeteria and for patients.

Most of the fixed and portable equipment in the kitchens is of stainless steel except the ranges, broilers, oven and friers. While the first cost of stainless steel is greater than that of other materials, it never wears out, is sanitary because it does not corrode or wear, and never needs refinishing or any maintenance except cleaning.

Specifications were written for the size of the fabricated pieces, the gauge of metal to be used and the construction where certain features were desired.

Sliding doors are sound-deadened by being of pan construction with insulation inside, are self-closing unless pushed completely open and have rubber stoppers on the edge to prevent banging. They are suspended from above on ball bearing rollers, and are removable. The drawers have rounded corners, are removable for cleaning and have limit stops to prevent their being accidentally pulled completely out, and the pulls are countersunk.

Shelves are removable and adjustable on keyhole standards unless they have very heavy loads such as canned goods, in which case they are fixed with proper clearance between.

Sinks have rounded corners, an overflow drain at the back and valves below for opening and closing the drain. No stoppers are used. Splashless faucets are provided.

A drinking fountain is installed at each end of the main kitchen and at the middle of one wall near the doors from the cafeteria. Wash basins with soap dispenser and paper towel racks are in or adjacent to all working units.

This article on the Dietary Department of the University of Chicago Clinics by Ella M. Eck, executive dietitian, will be concluded in the August issue of this magazine.

■ FRENCH ONION SOUP . . A new and simplified recipe for French onion soup has been prepared by the H. J. Heinz Company and the George Rector Kitchens of Wilson & Company. The recipe is for 50 servings.

Ingredients	50 Servings
Magic Onions	6 cups
Butter or Margarine	¾ pound
Boiling Water	3 gallons
Wilson's B-V	¾ cup
Buttered Toast Rounds	50
Grated Dry Cheese	1 to 2 cups

■ METHOD: Lightly brown the Magic onions in the butter or margarine, stirring to brown evenly. Add hot water and Wilson's B-V which has been dissolved in a part of the hot water. Let cook very slowly 20 minutes. Serve with hard toast circles topped with cheese.

Rich Brown Delicious
GRAVY GIVES HOSPITAL MEALS A TOUCH OF HOME!

Patients perk up when they see—and *taste*—rich brown gravy made with Kitchen Bouquet. This unique blend of 14 garden-fresh vegetables, herbs and spices adds no artificial flavor. Used by good cooks and chefs for 75 years to bring out *true* meat taste and give gravy an appetizing, deep brown color.

Here's another tip: you'll save meat-shrinkage—get extra servings—by slow-roasting at 300°F. For rich brown crust, brush the meat, before roasting, with Kitchen Bouquet.

Always use Kitchen Bouquet to get the most flavorful meat gravy at only a fraction of a penny per serving.

FREE! "QUANTITY RECIPE" CARDS and 4-oz. Bottle Of KITCHEN BOUQUET.

Just drop a penny post card to: Kitchen Bouquet, Grocery Store Products Co., Dept. HM-7, West Chester, Pa.

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Available in pts., qts. and gals. For 2-oz. and 4-oz. sizes, see your grocer.

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The University of Chicago Clinics

accounting and recordkeeping

Accounting in the U. of C. Clinics

by **Eleanor W. Kleiberg** Chief Accountant and Administrative Assistant

A general view of the accounting department at the University of Chicago Clinics

■ THE ACCOUNTING SYSTEM in the University of Chicago Clinics differs to some extent from systems in other hospitals because it is a functional unit of the general accounting system of the University of Chicago.

Organization . . The Accounting Department is directed by the chief accountant, a position which is comparable to that of comptroller of a voluntary hospital. The department is divided into three major divisions: the Patients' Accounts Division, the Disbursement Division and the General Accounts Division. The accounting for the Clinical and Non-clinical Departments of the School of Medicine is also carried on in the Accounting Department, and for this reason the number of people employed in the various operations is not comparable to other hospitals.

The Patients' Accounts Division is under the direction of a supervisor who is in charge of the billing of patients, insurance billing, statistics and certain auditing functions which will be described in more detail later. The supervisor of the Disbursement Division is in charge of all payroll records, check requests, filing, etc. She is also responsible for the ordering of all office supplies, checking of time records for the office and other similar duties. General Accounting is supervised by a head bookkeeper who works more closely with the chief accountant than do the other supervisors. This division is responsible for the general accounting, cost accounting and auditing functions of the department and for the compiling of all financial and statistical reports.

National Cash Register bookkeeping machines are used for billing patients' accounts. A pneumatic tube system is used to convey charges from various service points in the hospitals to the bookkeeping offices. Cash registers are located in several of the larger departments which serve ambulatory patients. Service points in which there are no cash registers furnish daily reports of all services rendered during each day, against which the charge slips are checked after they have been recorded on the N. C. R. bookkeeping machine in the main office. This check serves two purposes: to eliminate the loss of revenue in case of lost charge slips; and to assure the proper crediting of income accounts.

Cash . . The handling of cash in each area is under the supervision of a head cashier whose staff consists of a number of cashiers stationed in the Outpatient Clinics, x-ray and other departments, and an assistant

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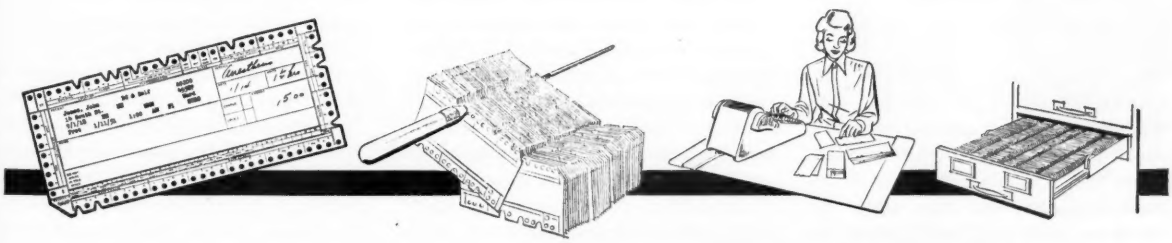

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who summarizes the daily transactions and makes up the daily deposits. The cashiers in the outlying stations prepare daily reports of all transactions rung on the registers. These reports, supported by individual charge slips for all of the items rung on the charge keys of the register, are delivered to the Patients' Accounts office daily. All registers are read and reset daily by an audit clerk on the General Accounts Office staff.

The head cashier issues a receipt for the total cash received from each clinic or departmental cashier. The Patients' Accounts office maintains a ledger account for each clinic and departmental cashier. Charges for the total cash business for the day are rung on the cashier's ledger card, these charges being liquidated by the cash credit recorded from the copy of the receipt issued by the head cashier.

The bookkeeping machine in the central office is read and reset each afternoon. Night auditors summarize the daily transactions which are listed on the detail tape of the bookkeeping machine and establish the accounts receivable control. The ledger cards which have been worked on during the day are balanced each evening. Ledger cards which are taken out of the open files by the credit office for the purpose of making insurance reports or writing collection letters are charged to the clerks who take the cards. Blocks of these cards are charged out as a group and a dummy is inserted in the file. Also, since individual cards may sometimes be kept out of the file for some time, they are replaced by dummies. Each Saturday all open cards are recalled, and all the accounts are balanced against the control account.

All cash disbursements for the University of Chicago are made through the office of the comptroller. The Disbursement Division of the Clinics, therefore, is charged with the preparation of payroll lists and check requests for various expenditures, travel expense, petty cash reimbursements, and the like. All check requests must be supported by properly approved invoices and the coding of the accounts to be charged must be carefully checked before they are forwarded to the comptroller's office for payment. The original check requests and supporting documents are filed in the comptroller's office; copies of the check requests are retained in the Clinics' Accounting Department for reference and for cost accounting purposes.

Payroll . . The largest volume of work in the Disbursement Division is concerned with the maintenance and compilation of payroll records. The University of Chicago has three principal types of payroll records: the monthly academic, monthly non-academic, and biweekly payrolls. The monthly academic includes administrative officers and executive personnel as well as the academic staff. Since there is very little fluctuation in the salaries of these members of the staff, a punch card system is used. A monthly report is made by each department head of any variation from the normal, and this information is accumulated and forwarded by the chief payroll clerk to the Comptroller's Office.

The monthly non-academic payroll consists of nurses, dietitians and others whose time varies from the normal because of the nature of their work and the twenty-four hour service which must be maintained. Detailed lists of names and the amounts of salaries due these employes are compiled in the Disbursement Division from time reports received from the various departments and checks are written on Burroughs payroll machines.

With the exception of the executive group, the time of the service and clerical employes is recorded on International Business Machines time clocks. Because of the large number of employes on this payroll, they are divided into two groups for the purpose of distributing the clerical effort necessary to record the time and issue the checks. The groups are paid biweekly on alternating weeks. Time clocks are required because of the policy of paying time-and-one-half for hours worked in excess of eight hours in any day or forty hours in any week.

In addition to the regular payrolls, there are a number of check requests processed each week for special nurses and other employes who are called in for extra or part time work.

IBM installed . . On July 1, 1949, the University of Chicago revised its entire accounting procedure and adopted an IBM system of tabulated records. The task of changing an accounting system for an organization of the size and complexity of a modern university must be experienced to be fully understood. Now, in 1951, the results of those first months following the transition are just beginning to be appreciated.

All accounts were renumbered by ledgers, account numbers, sub-account numbers, and fund numbers; with one digit for the ledger, four for the account, two for the sub-account, and four for the fund. For example, the budget or expense ledger is 4, the hospital series is 4,-000, Billings Hospital is 100, Nursing Care is 21, salary accounts are 20 and general endowment funds supporting the budget are 1000. Thus, the Billings Hospital Nursing Care Salary Account is 4-4121-20-1000. Since Roberts Hospital is 200, the Roberts Nursing Care Salary Account is 4-4221-20-1000.

At the same time that the new account numbers were assigned, a survey was made of all printed forms used on the campus. Uniform payroll forms, check requests, travel reimbursement vouchers, interdepartmental order and billing forms, and other forms for general transactions were designed to replace a great number of departmental forms. All forms were designed with a block at the bottom of the sheet providing a space for the code number, a document number and the amount of the charge. This is the information from which the tabulating cards are punched.

Purchases . . Most of the purchases for the Hospitals and Clinics are made through a number of storerooms in the Clinics. Purchases are made by the storekeepers through the University purchasing agent. Departments wishing to purchase from any of the storerooms must have signature authorization cards on file in the storerooms. These authorization cards give the account name to be charged, the account code, and the signature of the employe who is authorized to purchase.

Storekeepers are not permitted to

issue supplies to unauthorized accounts or without authorized signatures. Stores orders are priced by the storekeepers and sent to the Accounting Department where they are spot checked for errors. A clerk divides the stores orders received each day by storerooms. The issues from each storeroom are then divided by account names, and the code numbers are checked. Orders for one account are assembled and totaled, and then the issues for each storeroom are "batched" to be sent to the Tabulating Department. Predetermined totals of batches are maintained in the comptroller's office to avoid mishandling or errors in punching the tabulating cards.

All storeroom issues are made on standard interdepartmental order and billing forms which are made in quadruplicate. Copies of the interdepartmental billing forms and order forms are returned for filing in the Accounting Department after they have been tabulated.

All purchases except those made through the storerooms are encumbered as the orders are placed. The various departments write "request for purchase" forms which are sent to the purchasing agent upon authorization of the superintendent or his representative. Purchase orders are written by the purchasing office after competitive bids have been received. All orders are coded and forwarded to the Tabulating Department, where the purchase orders are immediately charged to the proper accounts. Thus, funds are encumbered and the payments of invoices are insured. Partial deliveries are charged against the encumbrances as payments are made and the balances of the encumbrances are liquidated when the final payments are made.

Should an encumbrance overdraw an account, the purchase order is immediately returned to the purchasing office, where it is held until the department head is notified and funds have been made available.

Statements . . The accounting office receives a listing of all transactions which have been tabulated once each week and this list is checked for errors which are corrected within the month. Once each week a statement of funds available in each budgeted account is issued by the Tabulating Department on all active accounts. This statement shows the previous balance available for each account, the charges or credits, and the balance of the account as of the date of issuing the statement. The Tabulating Department also issues a complete statement of all available balances on active and inactive accounts once each week.

At the end of the month the Tabulating Department issues statements, on a five-part form, of all transactions by accounts. These statements show the total budget, the expenditures charged at the beginning of the month in total, a detailed list of the transactions for the month, a listing of outstanding encumbrances, and the unencumbered balance. Three of the five copies are used in the Clinics. One is sent to the superintendent's office, another is retained in the accounting office, and the third is sent to the department with copies of purchase orders, interdepartmental billing, and other pertinent data to support the entries.

The Tabulating Department also issues a summary statement of budget expenditures showing a comparison of the actual expenditures with the budget pro rata. This type of statement takes many hours of work if done manually but is a byproduct of the tabulating system. Similar statements are issued for income and general ledger accounts.

Budgets . . Since the budget estimates have been mentioned a number of times in the discussion of the general accounting practices, perhaps it would be wise to devote a few paragraphs to the budgetary system in use.

Budgets are usually prepared in December and January for the fiscal year beginning July first. The accounting records form a very useful basis for calculating the budget for a coming fiscal period. For this purpose, the Accounting Department sets up work sheets showing the original budget as adjusted for the current period and the actual expenditures for the period at which time the work sheet is prepared. The work sheet also contains calculated estimates of the expenditures based on the experience to date in the cur-

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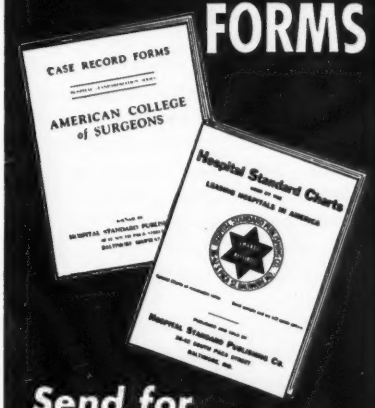

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rent year. However, this work sheet is only the beginning of the preparation of the budget.

Lists of salary commitments, lists of equipment needed, and anticipated unusual expenditures are then prepared by the department heads. Next, the budget is compiled by the superintendent after long hours of conferences with the department heads and a careful evaluation of the requests made by each. He must take into consideration market trends, expansion programs, employment conditions, and many other factors before arriving at the final total of expenditures. The probable income from patient fees must also be carefully calculated. Only after the detailed work is done can the budget be prepared for presentation to the board of trustees, a task which again brings the Accounting Department into the picture. The budget finally goes to the board for acceptance and then becomes the framework for the control of expenditures.

Since many unanticipated things may occur after the budget is adopted, the superintendent is authorized to transfer funds from one salary account to another or from one expense account to another at his discretion. Certain restrictions are imposed on transfers from salary to expense accounts, and board approval is required to increase the total amount of the expense budget.

Cost accounting . . As far back as 1930 and 1931, the University of Chicago Clinics started to calculate the cost of services in the operating rooms, X-ray Department, electrocardiograph, and other supplementary departments. The affiliation agreement, in 1931, with the Home for Destitute Crippled Children provided that Home patients should use the facilities of the University Clinics and pay for the service at cost. In 1930, the University Clinics also opened a cafeteria in which employes and interns were served, and expense accounts were charged for the value of the meals at cost. These developments made it necessary for the Clinics to set up a detailed system of allocating indirect costs to various departments and calculating unit costs for many of the services rendered.

Setting up a cost accounting system requires a careful study of the activities of the service departments. The accountant can do the work, but he will need time free from routine duties, the support of the administration, and the cooperation of the department heads. Many articles have been written on the subject, but, since a system which may suffice for one institution may be entirely inadequate for another, each hospital must develop a system which meets its own needs.

The University Clinics is comprised of four hospitals, three outpatient clinics, and a number of supplementary departments, as well as an affiliated hospital owned by a separate corporation but directed by the superintendent of the Clinics. It has been found that even within the Clinics the procedures for cost accounting in the general hospital do not apply to the maternity hospital, so separate procedures have been established which follow the same general pattern but differ in some instances.

At the beginning of each fiscal year, the bases for distributing the costs which apply to all of the Hospitals, Outpatient Clinics and supplementary departments are carefully reviewed. After many conferences with the department heads, the chief accountant writes a detailed procedure for distributing administrative expense, plant operation costs, housekeeping costs, and the like. This procedure is then used throughout the year unless substantial changes are made in the number of hospital beds, or major changes occur in some departments.

The distribution of one particular item of expense will serve as an example of the complexity of the problem of establishing a percentage for distributing administrative cost. The cashiers' office may be used as an illustration. The head cashier provides the accountant with a distribution of the time of the employes under her supervision. Some cashiers spend all of their time in the Clinics; one is in the X-ray Department. There are also relief cashiers whose time is divided among the various units. From the cashiers' distribution, the accountant calculates what proportion of the annual budget is to be allocated to each department served by the cashiers.

The same procedure is followed in distributing the budget for the superintendent's office, accounting office, information desk, and other offices whose accounts are in the administrative group. Where services of the administrative offices are so general that the department head cannot devise a method for distributing the cost, it is allocated on the basis of the amounts budgeted for direct labor in the hospitals, outpatient clinics, and supplementary departments. After all of the budgeted amounts have been distributed, the total for each hospital, outpatient clinic and supplementary department is footed, and the percentage that each is of the total, is established.

Procedures similar to the above are followed for other departments such as the record room, admitting office, etc. Plant operation costs are distributed on an area basis; laundry on the basis of pounds of flatwork; workmen's compensation on the basis of payroll; maintenance of interns on the basis of time studies made in the offices of the chairman of the Clinical Departments; etc.

Food costs . . The agreement to furnish meals for patients in an affiliated hospital at cost complicates the Dietary Department cost accounting. The detailed procedure used is rather complicated and will be mentioned here briefly.

Most of the food purchases are made through a food storeroom, and the stores orders are allocated directly to the diet kitchens, cafeteria, or to the main kitchen for cooking. The Dietary Department maintains a file of priced receipes which are used in charging cooked food to the hospital floors and the cafeteria. This department also furnishes the Accounting Department with the distribution of salaries and wages.

The Accounting Department charges the Dietary Department with all of the elements of cost which enter into the preparation of food; and distributes these costs to the various units which serve food in accordance with a procedure similar to that used for distribution of other costs for the Clinics. For example, costs directly related to the main kitchen are allocated according to the percentage of food issued to each

unit; the value of meals consumed by employes is allocated according to the salaries charged to each unit.

The cafeteria is operated primarily to serve the interns, employes, ambulatory patients, and patients' guests. There are two types of cash registers used: check registers which issue checks on the trays as the customers enter the dining area; and a cash register on which all transactions are recorded.

All trays are priced as the customers pass the checker. Interns, who receive maintenance, are assigned pass numbers which indicate the departments in which they serve. The cash register is equipped with a key for each account to which interns' meals are charged, and interns' checks are rung as charges on the proper keys.

The entire system of accounting that has been presented here, while it may appear complicated, is the outgrowth of the handwritten records maintained in the early days of the Clinics. The budget system has been set up to furnish administrative control in a rapidly expanding institution. The cost accounting, which is very briefly outlined here, has been designed to present the administration with comparative figures; and to furnish a basis for billing services to affiliated institutions and to government agencies.

Summary . . This article has attempted to give a brief but comprehensive glimpse of the scope of the accounting in the University of Chicago Clinics. The readers who are familiar with the activities of a large institution will appreciate the innumerable functions of the accounting office which have not been mentioned in the foregoing text.

Administrators of small institutions may feel that budgets are unnecessary. However, it should be pointed out that, when the first formal request has been presented to a board of trustees for specific amounts of money for designated purposes, the hospital is on a budget system. After that, the problem is merely one of expansion, and the results are well worth the effort. Similarly, the chief requirements for a cost accounting system are time, patience, and effort; possibly supplemented by a yardstick and calculator. ■

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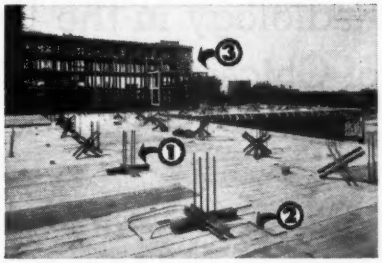

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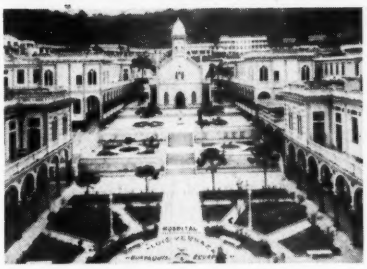

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The University of Chicago Clinics

Radiology in the University of Chicago Clinics

by Paul C. Hodges, M. D. Professor of Radiology in charge of Section of Radiology

■ TEACHING, RESEARCH and the care of patients are inherent in all our activities in the Section of Radiology at the University of Chicago and even for the readers of HOSPITAL MANAGEMENT, who presumably are interested principally in the hospital phase of our work, I find it difficult to consider that one phase apart from the other two because the three are mutually dependent, like the legs of a three-legged stool.

Professional Staff: This consists at present of one Professor, who is in charge of the section, three Associate Professors, J. W. J. Carpender, M.D., in charge of Irradiation Therapy, Russell Nichols, M.D., in charge of X-ray Diagnosis, and Lester Skaggs, Ph.D., in charge of Health Physics; one Assistant Professor, David Lochman, M.D., assigned to Irradiation Therapy; two Instructors, Stanley Szymanski, M.D., and Joseph Parks, M.D., assigned to X-ray Diagnosis; and one Assistant, Alice Miller, B.S., R.N. our nurse and Chief Technician.

Technical and Clerical Staff: There are thirteen X-ray technicians, twelve clerks, receptionists, telephone operators and cashiers, three secretaries, four typists, and four machinists. Many of these people would not be needed except for research and many more could be eliminated if there were no teaching. In fact, one of our largest clerical costs is incurred in maintaining a large X-ray film file which is used by all of the clinical departments in connection with their teaching.

As the facilities in the Argonne Hospital and the Accelerator Building are brought into operation, there will be considerable increases in the professional and technical staff concerned with research programs there but only a modest addition will be required for the additional clinical work.

Undergraduate Instruction . . Our medical students learn principally by serving apprenticeships under the supervision of Professors and Instructors so the principal contribution of Radiology is in our contact with these students as they make rounds with their clinical teachers and share in the clinical management of patients. In addition, we conduct an evening seminar in X-ray Diagnosis once a week and offer annually a course of lectures in Irradiation Therapy.

Fig. 1 . . X-ray department, fifth floor, Goldblatt Hospital

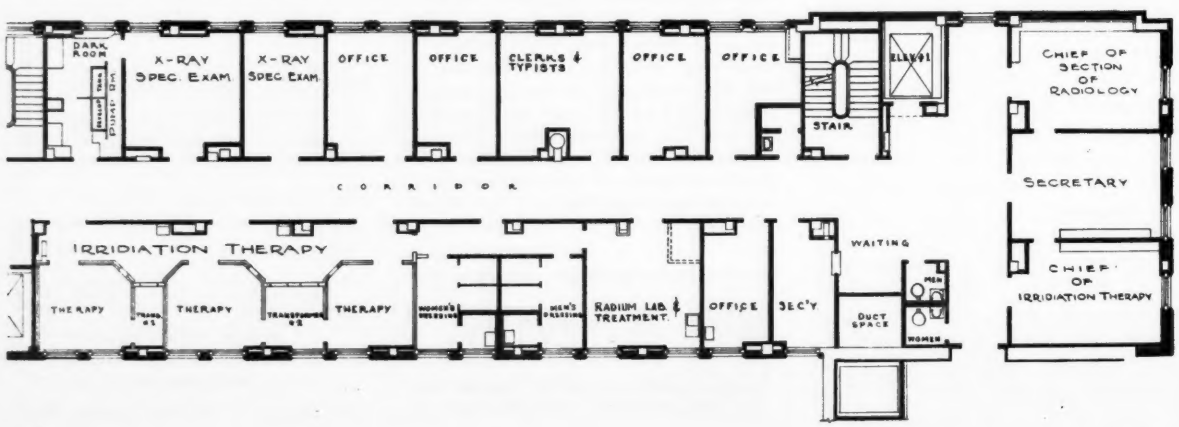

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Fig. 2 . . Radiation therapy, fifth floor Goldblatt . . Control desks for two of the General Electric 250-Kv Maxitrons

Graduate Instruction . . The Radiology budget provides small salaries and maintenance for eight Assistant Residents serving normally for four years, with one trained man completing the work and the one new one being appointed on January 1 and July 1 of each year. During the period of the military emergency it has been necessary to shorten the service to three years, making one new appointment in January and two in July for two years, then omitting the extra July appointment every third year.

These eight residents take part in all of the activities of the Section of Radiology, playing an important role in teaching, research and the care of patients. At first they are supervised by the Instructors but are allowed independent responsibility as rapidly as they are willing and able to assume it. From time to time we have additional graduate students serving as volunteers or supported by fellowships or by government grants.

Research . . In the twenty-four years of the existence of this institution, members of its Radiology staff have engaged in research along many lines. The invention and development of phototiming[1], fast cameras for gastrointestinal microfilming[2], procedures and apparatus for the routine examination of the alimentary tract[3], X-ray pelvimetry and fetometry[4], the reciprocating Potter grid[5], the precise estimation of the tissue dose in radium treatment of pelvic neoplasm[6], and electronic amplification of the fluoroscopic image [7] are illustrative of these undertakings. There are many others.

Experimental Shops . . One of the greatest assets of the Section of Radiology has been its excellent experimental shop. Housed these past two decades in basement space in an adjoining building, this shop presently will move to larger, more useable and vastly more accessible quarters on the first floor of the new Argonne Hospital. It will be adjacent there to the general machine shops and electronic shop which Radiology will operate for the Director of the Argonne Hospital thru the agency of our Associate Professor of Health Physics.

Over the years many dozens of individuals have contributed to the research carried on in our section, most of them members of our own staff, many from other clinical departments and some from Astronomy[8], Physics[9], the Institutes[10], and other groups on and off the campus. These, being mostly faculty people, have received not only thanks but usually direct credit in publications dealing with their work. Our machinists, however, without whom little of our research work could be done, usually have been anonymous and I welcome this opportunity to name them. Mr. Raymond Angrabright and Mr. Stanley Doles, precision tool and die makers, have been with us for more than twenty years and are identified with such mechanical developments as our head machine[11], the filming fluoroscope[3], reciprocating grids[5], film-moving mechanisms, stereoscopes, and the mountings for concave mirrors and lenses in our high-speed microfilm cameras. Mr. William Lovison, who has been with us for five years, has become not only a capable machinist and machine designer but also an accomplished designer of electronic circuits[10]. Mr. Joseph Toth, who has joined us recently, now helps the other three whenever his help is needed but no doubt in time will be found to have his own particular skills. Mr. Fred Pearson of the Optical Shop at the University's Yerkes Observatory, supervised the grinding and polishing of the mirrors and lenses of our 35 mm. and 70 mm. microfilm cameras[8], and Mr. Tom O'Donnell, foreman of the University's Central Shops, has helped us in innumerable ways on innumerable occasions.

Health Physics . . Radiology operates the Health Physics Service which covers the entire University. The purpose of this service is to protect workers from excessive exposure to ionizing radiation and other harmful physical agents. The major problem in the past has been protection from radioisotopes (41 curies of radioactive materials were received from Oak Ridge alone last year) and X-ray machines, but new problems will develop as betatrons, cyclotrons, Van de Graaff X-ray generators and cobalt packs are completed and put into regular use. Workers are required to wear detectors, such as film badges and pocket dosimeters, and laboratories and clinics are surveyed periodically to control contamination and unsafe practices.

Animal X-ray Laboratories . . Facilities for diagnostic and therapeutic radiology in animals employed in research will be greatly increased with the completion of the Argonne Hospital. The betatron, Van de Graaff, and cobalt packs in the subbasement will be available for this work and, in addition, two 250 Kv. X-ray therapy machines will be provided on the fifth floor. Adjacent to them will be a darkroom and com-

bined fluoroscopic-radiographic room for animal X-ray diagnosis.

Care of Patients . . The Section of Radiology provides X-ray diagnosis and irradiation therapy for all the patients in the clinics and hospitals forming the University of Chicago group with the following exceptions:

(1) Dental X-ray is in charge of the Zoller Dental Clinic.
(2) Superficial X-ray therapy is administered by Dermatology.
(3) Fluoroscopes are installed in the Chest Clinic, Student Health Clinic, Thoracic Surgery Clinic, Pediatrics Clinic and Cardiology Experimental Laboratory.
(4) Radioisotopes are employed by any physician who has convinced the Dean and the Health Physicist that he possesses the necessary knowledge.

Volume of Clinical Work . . In the budget year that has just closed we have examined an average of 100 patients each week-day, for a total of 30,000 patients for the year, employing for this purpose something over six tons of X-ray film. During the same period we have made chest microfilms on approximately 32,000 patients and have administered 13,000 X-ray treatments and 105 radium treatments. With the completion of the two additional hospital buildings that are now under construction, the amount of diagnostic and therapeutic work will much increase.

Irradiation Therapy . . Irradiation Therapy is housed on the fifth floor of Goldblatt Hospital (Fig. 1), radium applications are done in various operating rooms, and pre and post-irradiation examinations are conducted in a tri-weekly clinic session in the Outpatient Department.

The principal therapy machines are three 250 Kv. General Electric Maxitrons (Fig. 2). One of them is employed occasionally for unusual skin lesions that the dermatologists prefer to refer to us and for this purpose a soft radiation technic has been set up (H.V.L. 0.2 cu.). With this exception, all three machines have been internally adjusted to yield identical beams of either 1.5 or 3.0 cu. H.V.L. One machine is provided with cone, the other two with light localizers (Fig. 3).

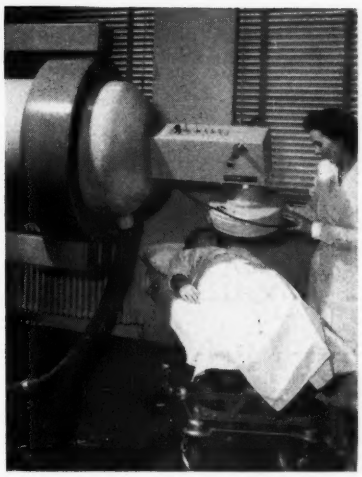

Fig. 3 . . View . . into one of the cubicles*

A contact therapy machine, custom-built by Borg with modifications by Kelley-Koett, employs a Machlett beryllium-window tube, type OEG 60, and supplies 30 Ma. and 50 Kv. on tissues in contact with window.

400 mg. of radium is distributed in tubes and needles selected to meet the various clinical needs. Radium applicators, isodose curves, back pointers, plaster and wax molds, and facilities for the fluoroscopic and radiographic orientation of the beam of radiation relative to lesions and to body parts are located at present on the fifth floor of Goldblatt but later will be housed on the fifth floor of the Argonne Hospital.

Eventually there will be facilities for the therapeutic application of extremely high voltage gamma rays, electrons, protons and other high-speed particles in the sub-basement of the Argonne Cancer Hospital and the basement of the Accelerator Building, located three blocks north of our central laboratory. The Van de Graaff will generate 2 million volt X-rays, the betatron a 40 million volt electron beam, and the cobalt pack will amount to 1 thousand curies. The synchrocyclotron is expected to operate at 450 million volts.

The Van de Graaff and radiocobalt rooms contain 450 and 325 sq. ft. respectively. Both have 15 foot ceilings and shielding is 18 inches of concrete blocks. The betatron space contains 1200 sq. ft. for the machine itself, 450 sq. ft. for power equipment, and 400 sq. ft. for control equipment and the maze allowing passage through the radiation shield. The ceiling height is 17 ft. with 30 inches of concrete shielding above and no occupied space over this area. Shielding in the side walls consist of 36 inches of concrete blocks.

Some of the machines will require extensive biophysical research before their radiations can be directed at human patients; others will require only calibration and determination of dose distributions. Preclinical research will be carried out by teams of radiologists, biologists skilled in biological effects of radiations, physicists, and engineers. Clinical application will require hospital physicists working closely with radiologists to determine the optimum physical factors to be used on each case. Several engineers will be required on the synchrocyclotron and one in the Van de Graaff, radiocobalt, betatron area to insure continuity of operation.

*Illustrated above is a particular machine equipped with a light localizer. The technician is arranging the beam relative to the patient and of course will leave the room and close the door before the x-rays are turned on.

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[ED. NOTE: Dr. Hodges' article will be continued in the August issue of HM.]

U. of C. Clinics' housekeeping and how it functions

The University of Chicago Clinics

by **Marie T. Neher** Executive Housekeeper

■ THE CLEANLINESS AND MAINTENANCE of floors, walls and furnishings in the University of Chicago Clinics are the responsibility of the housekeeping department. Meeting this responsibility adequately, day by day, involves teamwork on the part of some 134 personnel, including care of medical school. It also involves close cooperation with other departments.

Central linen room . . A central linen room system, sending and receiving all linens to a commercial laundry, is used. About 7,000 pounds of soiled linen are handled daily.

There are chutes placed at strategic intervals on the floors through which soiled linen is dispatched to the basement where it is collected, sorted, counted and listed by the laundry porters.

Clean linen is returned to the central linen room where it is sorted and checked against the laundry list and placed on linen trucks. Torn or stained linen is set aside.

Linens are dispatched to the various divisions of the Clinics by means of large trucks, two to a division and marked for that division. Each truck carries sufficient linens for about 50 patients.

Attached to each truck is a list of the linens required daily by that division. When the truck brings the daily supply of linen to a division the linen stays on the truck. Nurses take the linens right from the truck, saving extra handling. When the truck arrives at the hospital division it replaces the alternate truck for that division which now is moved back to the central linen room. Any linens left on the truck are counted as part of the daily check on use of linen.

The central linen room is supervised by a woman who replenishes her stock monthly, as needed, according to budget figures set up. This replenishment comes both from repaired linens and new additions.

continued on page 130

Uniforms exchanged . . at left. There are dressing rooms for men and women

Linen trucks at right

Thirty

OF THESE

JARVIS & JARVIS

MODEL 1114

WARD LINEN TRUCKS

provide efficient and economic Clean Linen distribution at the UNIVERSITY of CHICAGO CLINICS.

For the easy handling qualities so necessary to this large adjustable shelf servicer, we have provided it with 8" casters, having malleable iron forks with self-enclosed double ball bearing hardened steel races. The wheels are ball bearing steel disc type, with positive clincher grip tires of new live rubber. The tires are guaranteed not to creep or loosen in service, yet, when worn after years of service, can be easily replaced without the use of special tools. Both the caster swivel bearings and the wheel bearings are provided with fittings for pressure type lubrication, those in the wheel axles being guarded to prevent injury in use.

The servicer illustrated was designed for transporting from the linen room to the patient floors all the linen and accessories necessary for servicing a minimum of twenty beds.

In the procedure set up at the University of Chicago Clinics, a pair of these trucks is assigned to each of fifteen linen stations. Each morning in the central linen room a truck for each station is loaded with the various items determined by the patient census on the floor or station concerned. The truck is then delivered to the station and placed in the linen room or closet, its companion truck from the previous day being then removed from the station and returned to the central linen room for next day's loading.

Since, to conserve necessary space, the linen closets are built of just sufficient size to accommodate one of these trucks pushed in sideways, four swivel casters are required. The Jarvis & Jarvis Magic-Swivelock device nevertheless permits these trucks to be delivered rapidly and easily down long corridors with the use of one attendant per truck.

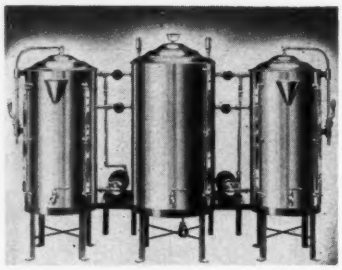
JARVIS & JARVIS

MANUFACTURERS OF *"SUPERIOR"* CASTERS, WHEELS, AND TRUCKS

PALMER, MASSACHUSETTS

product news hm literature

Coffee urns for any size hospital



Tri-Saver institution coffee urns are known for their permanent stainless steel filters, a patented development which completely eliminates the use of filter paper and urn bags. Shown here is just one of the new models. Augmenting its line with additional sizes and models, S. Blickman Co., manufacturer of food service equipment, answers the demand for urns with capacities ranging from twenty to eighty gallons. These efficient institutional urns are now available in the correct size for any hospital, large or small.

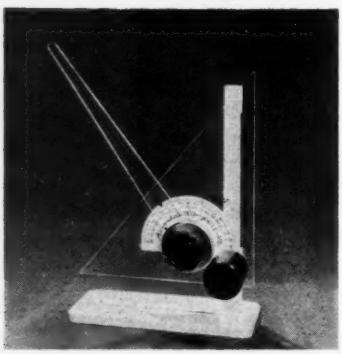
Circle 701 on mailing card for details.

Bedside cabinet designed for convenience

A bedside cabinet that incorporates every feature you could think of to make it convenient for both patient and nurse has been designed by Hill-Rom Co. A sliding steel tray in the top drawer means no more clearing of cluttered tops when the doctor or nurse needs space. This interior view shows the expanded aluminum bottom, which allows for complete ventilation of this section, and the sealed off bed pan compartment and basin ring. And reversible doors are hinged at the right and the left, allowing for convenient change according to bed placement.

Circle 702 on mailing card for details.

Easier, more accurate x-ray positioning



Added accuracy in position for all x-ray techniques is given by a new principle in angle devices, the Tech-Angle-Aid, produced by Westinghouse X-Ray. Used to establish the angle of body line with the line of central ray, it speeds positioning and assists in duplicating results. Particularly helpful when comparison x-ray films are required. The Tech-Angle-Aid, constructed of plastics, is an efficient help for the x-ray technician that saves time and gives more accurate results.

Circle 703 on mailing card for details.

Practical way to handsome walls

An attractive new wall covering, a newly perfected vinyl plastic coating applied to a stout supporting cotton fabric, that is proofed against everything imaginable, is being marketed by Joanna Western Mills Co. The new coating results in a washable material that is resistant to scuffing and abrasion, is stainproof against such damaging elements as oils, iodine, fruit juices, etc., and is easily and cheaply hung. Sample books and specification literature supplied.

Circle 704 on mailing card for details.

Detention screens for psychiatric wards

The Fenestra psychiatric "package" window unit, complete with an awning type window, steel casings and an all-metal detention type screen, provides safety without suggesting detention or restraint. Since ordinary fly screens are also available, the window may be used throughout any hospital building with the detention screen only in those sections where such security is needed. Made by Detroit Steel Products Co.

Circle 705 on mailing card for details.

Disposable oxygen mask offers savings

Exceptional efficiency, comfort, sanitation and compactness are outstanding features of the new K-S disposable Oxygen mask manufactured by Ohio Chemical & Surgical Equipment Co. The mask, made of clear, lightweight, soft-textured plastic, has heat-sealed seams which assure efficient operation. Worn by one patient and then discarded, it eliminates the dangers of cross infection and the need for costly and time consuming sterilization required by the old-type masks. May be used with any oxygen therapy system and can be stored indefinitely.

Circle 706 on mailing card for details.

Call system lets patient talk to nurse

A patient-nurse communication system that makes it possible for the nurse to know just what the patient wants before going to the room seems to us a practical way to save steps and to enable the nurse on duty to handle first things first. The Edwards Co., Inc., has combined an audio communication with a light signal on the nurses' station keyboard and a light above the patent's door as well as at the utility room, telling the nurse, no matter where she is, that she is wanted.

Circle 707 on mailing card for details.

Try sample of new germicidal product

Now a new type germicidal product which is sprayed onto the dust mop and used during daily maintenance is available from Huntington Laboratories. Called Antiseptic Huntoline, the new product is basically a refined dust-laying distillate and is said to control all types of communicable disease bacteria and prevent their growth. It rinses out of mops in soap and water. A sample is offered, so get acquainted with Antiseptic Huntoline.

Circle 708 on mailing card for details.

For collecting, storing whole blood

Abbott Laboratories has just introduced Abbo-Vac and Non-Vac, new products for collecting, storing and dispensing whole blood. The Abbo-Vac container, with a high, mechanically-induced vacuum, has a self-sealing stopper and a dust-proof seal which protect the blood against contamination during transportation and storage and keep it ready for immediate administration. Non-Vac is designed for the collection of blood by gravity. Both are available in two sizes; one draws 480cc of blood into 120cc of A-C-D solution, the other draws 240cc of blood into 60cc of A-C-D.

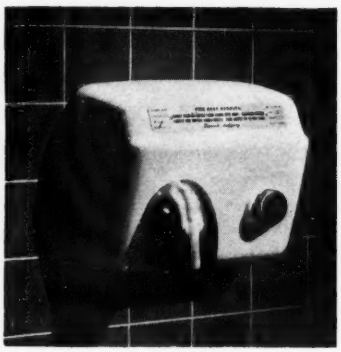
Circle 709 on mailing card for details.

Asphalt tile preserver undergoes test

Here's a good tip for hospitals with asphalt tile floors. Results of a severe test on hospital and cafeteria floors show a 65% cut in time and 50% saving in materials when a new anti-slip, penetrating and surface sealing preserver was used. According to the manufacturer, Multi-Clean Products, Inc., this new dressing will add years to a floor's life. A single treatment (no wax used) is applied four times a year and replaces wax applications which are generally necessary two and three times a month to achieve the continuing beauty and cleanliness desired.

Circle 710 on mailing card for details.

Vastly improved hand dryer



Now it's possible to completely dry those freshly scrubbed hands so important to your hospital in 20 seconds or less, to prevent washroom untidiness, and eliminate the mounting cost of providing towel service . . . all by installation of the new hand dryer made by National Dryer Sales Corp. National says its new hand dryer is not only neat and attractive, but that it incorporates advanced design and approved mechanical features which have overcome every cause of dissatisfaction associated with the original and now outmoded mechanical hand dryer.

Circle 711 on mailing card for details.

Building sets for therapy

Minibrix provide an interesting and creative pastime with definite therapeutic value according to Samuel F. Pratt Associates, maker of the all rubber miniature building sets. The sets may be used to excellent advantage by polio disabled, and for strengthening of extensor muscles of those afflicted with arthritis. No tools are required. The materials are noiseless and indestructible, can be washed and sterilized. An absorbing pastime for any age level since projects range from the simplest to most complex.

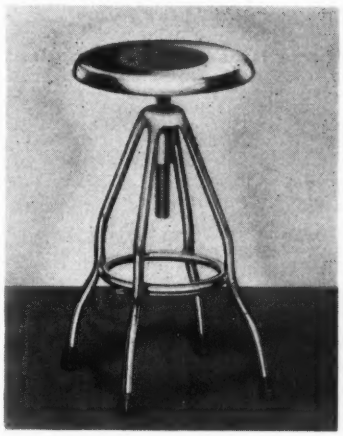
Circle 712 on mailing card for details.

Protective pad is highly absorbent

The Fibredown absorbent protective pad, new product introduced by General Cellulose Co., is composed of many layers of absorbent cellulose to provide neat, efficient protection from drainage. The pads are topped with a moisture permeable paper that retains its strength, wet or dry, and holds cellulose together when it becomes wet. The pad is backed with a heavy waterproof paper to protect bed or furniture. Measuring 18" x 24," the pad is available in 100 and 200 pad cartons. Samples are offered to your hospital.

Circle 713 on mailing card for details.

New idea for surgical stool



Featuring a non-slip inset in its stainless steel seat, S. Blickman, Inc.'s new surgical revolving stool, pictured at right, combines this with other new designs to make a thoroughly satisfactory piece of hospital equipment. The unbreakable spindel allows smooth adjustment in height from 19" to 31" and the four flared legs and circular brace provide absolute stability. Electrically conductive floor tips ground static charges and absence of crevices in its construction are an important aid to sanitation, making cleaning easy.

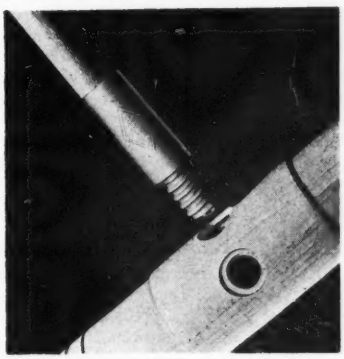
Circle 714 on mailing card for details.

Serve rolls oven-fresh!

Made to overcome bread deterioration in all kinds of weather is Hotpoint's new automatic electric roll warmer. Thermostatically controlled, the appliance uses an air circulation principle to control humidity. Moisture, driven out of rolls by heat, rises, is condensed and later evaporated for controlled re-circulation. A signal light keeps you posted by indicating that correct temperature of 125 degrees is being maintained. The polished metal interior is designed to resist corrosive action, and the unit lifts out of the square heat well for cleaning.

Circle 715 on mailing card for details.

New handle outlives brush



A new floor brush handle that won't bend or break off at the threads and that eliminates stripping of the threads on both handle and brush has been put on the market by Flour City Brush Co. who says the new Flo-Pac metal tip handle will outwear a number of brushes. The aluminum tip is, of course, constructed to fit all standard floor brush threads. While retaining all the advantages of wood handles, such as weight and feel, the tip gives the handle the holding and threading qualities of metal. This inexpensive maintenance aid merits your attention.

Circle 716 on mailing card for details.

product news

Nurse is as pleased as patient

Flowers, while perking up your patients, cause added work for the nurse who must arrange them, but if the blossoms are arranged before delivery, she will be as pleased as the patient to have them arrive. Florists' Telegraph Delivery Association has designed some delightful arrangements which are arranged before leaving the shop in decorative jars, wicker baskets and other useful containers. This new service that pays off in excellent public relations as well as in a saving of nurses' time has been instituted by a number of hospitals with good results.

Circle 717 on mailing card for details.

Bottle warmer is lighter, better in plastic

Baby Chef, Jr. Bottle Warmer, made for easy bottle warming and sterilizing by Electric Steam Radiator Corp., has been converted, like so many things now-a-days, to plastic. The company has installed Stokes automatic molding presses in order to bring you this product in a lighter, easier to handle, more durable and easier to keep clean form than the previous model designed in porcelain. Always efficient, it should certainly meet with approval now that it is constructed of plastic.

Circle 718 on mailing card for details.

Simple, economical spot scanography

Picker X-Ray's new Bell-Thompson Rule for spot scanography and its accompanying blocker set permit simple mensuration of the "long bones" by means of radiographs. The rule is taped down to the midline of the x-ray table, the patient's limb immobilized upon it. Progressive spots are then exposed at the hip, knee and ankle, and centimeter readings appear superimposed on the film. Comparison with the other limb is easy, as it is radiographed in the same way on the second half of the 11"x14" film, and comparative studies made this way result in a substantial saving of film.

Circle 719 on mailing card for details.

Effective, inexpensive public relations

An inexpensive and highly effective means of establishing good public relations is offered by a baby diary. Now in use at many hospitals actively concerned with establishing good public relations, the diary, published by Gerlach-Barklow Co., is done in delicate pastel colors. It has adequate space for recording facts of birth, names of attendants, christening records, and weight and health charts of the early years. The only advertising message is the hospital's name on the inside back cover.

Circle 720 on mailing card for details.

hm literature

Added sanitation with new Formula Bank

First on the list of improved hospital products by Ice-Bank Corporation is a new formula unit featuring sliding glass doors, front and back. Formula Bank, designed for economy and added sanitation, is installed in an efficiently arranged formula room so bottles may be put in from the room side and removed from the corridor without entering the sanitary room. Arrangement also permits the proud new father to see his offspring's labeled formula through the thermopane glass doors.

Circle 721 on mailing card for details.

New oxygen administering instrument

The MSA Demand Pneophore, a Mine Safety Appliance Co. instrument to administer oxygen in the treatment of polio and other ailments affecting respiration, or for emergency asphyxia cases, is adaptable for use with any oxygen supply. Used for cases of arrested breathing, as well as for inhalational therapy, the Demand Pneophore has no suction cycle that could aggravate damaged lung tissues. Oxygen is administered with intermittent positive pressure or on demand of the patient. AMA approved.

Circle 722 on mailing card for details.

Be prepared with emergency lighting

Whenever the regular lighting current fails or is interrupted, the emergency unit pictured here instantly and automatically switches on to provide flood lighting over a large area. U-C Lite Manufacturing Co. has developed the Big Beam Model 2-AD Special that plugs into any standard lighting outlet. Ideal for civilian defense, this easily installed device will provide the emergency lighting that prevents confusion, panics and disaster in hospital buildings when a fire or storm causes your lights to go out.

Circle 723 on mailing card for details.

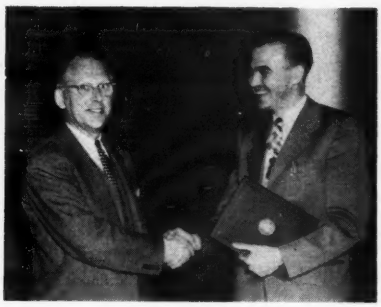
Individual isolation in the nursery

Individual isolation in the nursery is provided with "Vista-Shield," a new, moderately-priced bassinette shield sold by American Hospital Supply Corp. Infants remain visible to attendants at all times because there are no metal corner supports to obstruct vision. The unit weighs only fifteen pounds and its over-all dimensions are: 38" long, 17" deep, 18" high. This new bassinette shield is designed to fit all Tomac Infanette stands. It is shipped knocked down and is easily assembled.

Circle 724 on mailing card for details.

names & news of suppliers

hm



Awards . . for Northwestern graduates in hospital administration were presented at a luncheon following commencement. At left: Wayne Comer of Johnson & Johnson presents award to Mortimer W. Zimmerman. At right: Thomas Murdough, American Hospital Supply, honors Albin H. Oberg.

Supplier and hospital share food service honor

■ CHARLES S. WILSON Memorial Hospital, Johnson City, N. Y., won honor for S. Blickman, Inc., as well as for itself, when the hospital was recently presented one of the top awards in the Fifth Annual Institutions Food Service Contest.

The board of judges, leading authorities in the food service industry, chose Wilson Hospital's food service installation as one of the best in the country on the basis of efficiency, economic soundness, safety and sanitation. The hospital's stainless steel equipment was fabricated and installed by S. Blickman, Inc., Weehawken, N. J.

DuPont holds dedication day

■ TOP UNIVERSITY and industrial scientists were the guests of E. I. DuPont de Nemours & Co. at a day-long dedication program for the $30,000,000 addition to DuPont's new experimental station laboratories at Wilmington, Del.

Talks dealing with the history of DuPont research and construction highlights of the new building occupied the morning sessions. Guests spent the afternoon meeting departmental officials and research staff heads, visiting typical laboratories and inspecting exhibits illustrative of the kind of research conducted at the station.

A dinner, featuring addresses by Dr. James B. Conant, president of Harvard University, and Crawford H. Greenewalt, DuPont's president, brought the dedication day program to an end.

U. S. Vitamin expands; buys Arlington Chemical

■ ARLINGTON CHEMICAL CO., Yonkers, N. Y., has been purchased by U. S. Vitamin Corp., New York. A new building to be constructed at the site of Arlington's large plant will materially expand the services of both firms to the medical and pharmaceutical professions.

J. P. Remensnyder . . chairman of the Chemical Solicitation Committee for the Cerebral Palsy Society's New York City campaign. He is president and director of Heydon Chemical Corp.

Drug & chemical club elects

■ CELEBRATING the start of its fourth year, Cleveland Drug & Chemical Club met on June 22 with Thomas P. Chadwick, new president and Cleveland sales representative of Chas Pfizer Co., as official speaker for the installation gathering.

New officers installed were Bus Parker, Mallinckrodt Chemical Works, vice president; Ted Elliott, Elliott Sales Service, secretary; and Sam Katz, Celon Corp., treasurer.

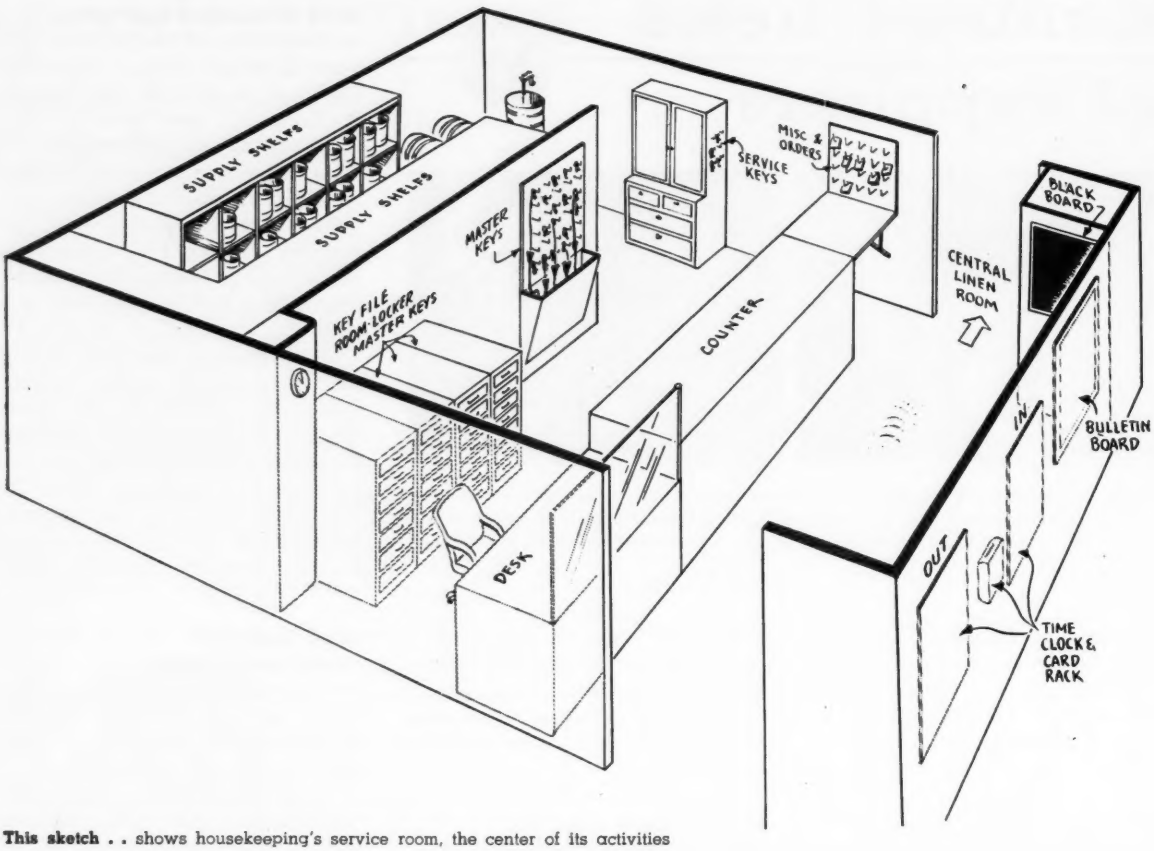
Board directors for the coming year include G. E. Burke, Strong, Cobb & Co.; Harry R. Martinson, Standard Drug Co.; George Huggins, Brockway Glass Co.; Charles Blazier, McKesson & Robbins; Robert W. Gould, Bonne Bell, Inc.; Ray Shamel, Mallinckrodt Chemical Works; and James Shumaker, Fritzsche Bros.

Sales training clinics inaugurated

■ A PROGRAM of four-day sales training clinics, to be held monthly throughout 1951, has been inaugurated by Hot Point, Inc., Chicago.

Using slides, films and product demonstrations, the clinic discusses the use, care, operation and selling features of commercial equipment developed by the company for industrial and institutional use. The meetings are attended by representatives of distributors, dealers and utility companies engaged in selling commercial electric cooking equipment.

Calvin C. Schrader . . manager of Gudebrod Bros. Silk Company's new midwest office. The suture manufacturer has opened an office located in the Merchandise Mart, Chicago, Illinois.



This sketch . . shows housekeeping's service room, the center of its activities

continued from page 124

An inventory of circulating linen is taken once a year.

New linen is stenciled in large letters with the name of the Clinics and date linen is acquired. Each piece also is embroidered in one corner in different colored thread to indicate the different units of the hospital to which the linen is assigned.

Uniforms . . A separate room has been established for issuance and exchange of employes' uniforms. A dressing room for men and another for women are a part of this unit so that employes can take off the soiled uniform, put on the clean one and then leave the soiled one at the counter. This procedure has eliminated loss of uniforms.

A schedule is kept of uniforms supplied and exchanged. Soiled uniforms are counted by departments, listed and sent to a commercial laundry. The clean uniforms returned from the laundry are delivered here, counted and checked against the list. Uniforms are examined and those with missing buttons or requiring mending are turned over to the sewing room for attention.

Sewing room . . The sewing room has a head seamstress. Here linen is mended, new items manufactured and old linen not worth repairing is discarded. New items are not manufactured, however, unless they can be produced at less expense than they can be bought.

Discarded linens are dyed a certain color and used throughout the hospital as rags. The dyeing procedure is used to keep good linen from being torn up and used for rags. About 150 pounds of rags are used daily.

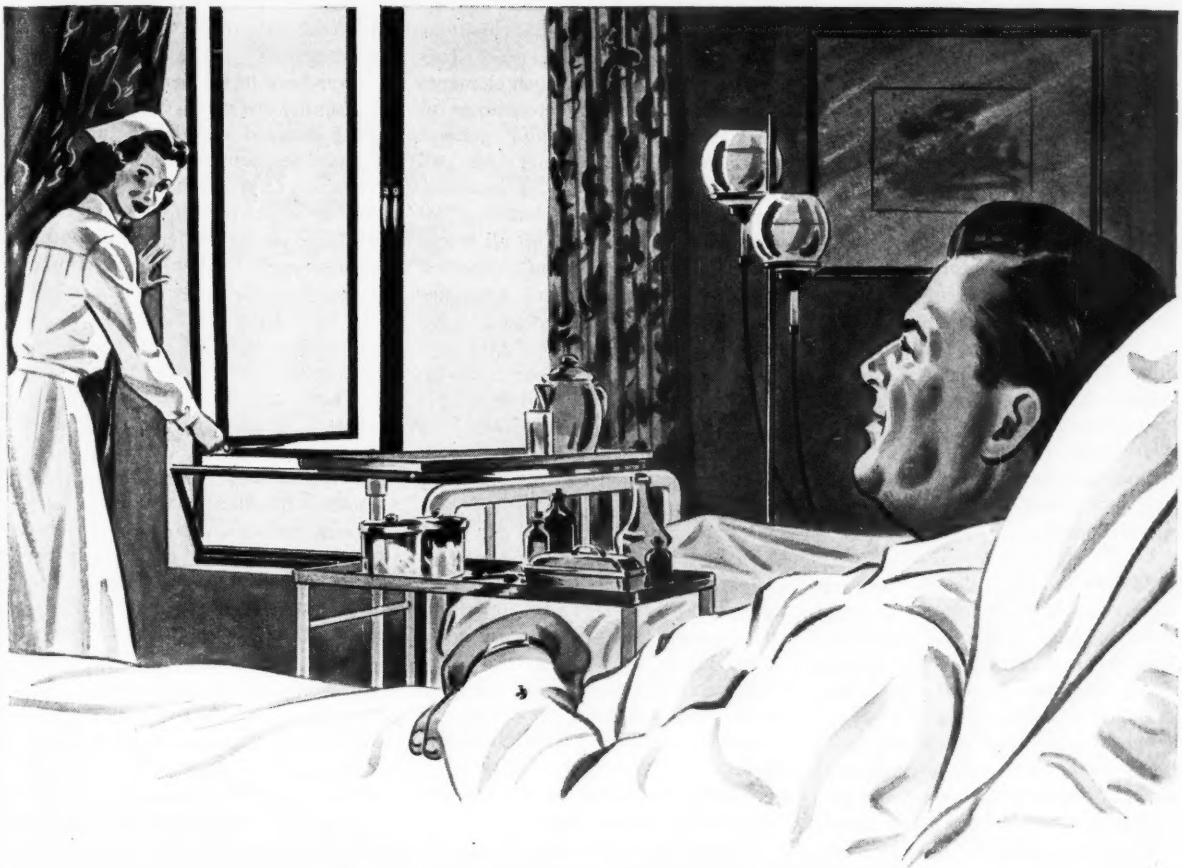
Uniforms and aprons are fitted to new employes for length and kept in repair by the sewing room. Draperies, curtains and slip covers are made by a professional drapery woman. A serging or overstitching machine has been used by the sewing room since March, 1951 and it works wonders on frayed-out towels, on any seam, new or old, and it already has saved much time.

Decorating . . Interior decorating in all its phases is one of the department's responsibilities which involves cooperation with the department concerned.

Painters, for instance, are under the direction of the housekeeping department. This simplifies the routine of making a room ready for occupancy. Work areas are planned for the painters. Color selections are worked out in cooperation with departments.

The execution of up-to-date, harmonious and lively color schemes is augmented by the fact that group leaders among the painters, like the executive housekeeper, have taken the professional courses of an interior decorating school. Colors are doing much for building morale of patients. A soft, home-like atmosphere is being given patient rooms by using wallpaper on one or two walls or the ceiling.

One of the housekeeping depart-



HOW TO PEP UP PATIENTS

Ever lie there yourself and feel the room slowly clamp down on you? Nothing to look at but four cold walls and the too-familiar face of the ceiling. Nothing to think about but how lousy you feel.

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For further information, call the Fenestra Representative (he's listed under "Fenestra Building Products Company" in your Yellow Phone Book), or write to Detroit Steel Products Company, Dept. HM-7, 2274 East Grand Blvd., Detroit 11, Michigan. *®

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engineered to cut the waste out of building

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ment's activities is a furniture refinishing shop in charge of a skilled craftsman. Old wood furniture can be modernized. Drab metal furniture can be brightened. Individual cornices are designed and executed.

An assistant executive housekeeper carries out operations affecting the physical layout. She coaches the training supervisor, plans and follows up housekeeping functions such as periodical cleaning, yearly housecleaning, makes contacts with other departments, inspects rooms, hopper closets, equipment, etc. She also plans circulating linen inventories with the head of the linen room in conjunction with the nursing department. She also employs service people.

Training . . A full-time training supervisor is in charge of a group training plan which includes on-the-job demonstrations for groups doing the same type of work. Her major effort is the education of personnel in individual work. She goes along with each new service employe, training each one on the job.

Each new employe is made familiar with her duties not only by demonstration but also by means of a work sheet which describes each task in detail and when it shall be done. Each new employe is introduced on her floor, taught proper conduct, use of supplies, handling care and use of equipment. From then on the new employe comes under the supervision of the housekeeper.

Since this training program has been put in effect there has been a definite betterment in both the quality and quantity of work done. It not only serves to get new employes off to a good start but is also has been the means of maintaining a high level of accomplishment. If in any particular instance there seems to be a sag in efficiency, the training supervisor again takes over to correct the situation.

A separate training program is handled by the night housekeeper, who oversees the group taking care of those parts of the building which cannot be handled in the daytime.

The work in the various units of the Clinics is directed by housekeeping supervisors. They are responsible for the work done by all maids, porters, wall washers and elevator operators in their units. This responsibility includes such elements of supervision as the cleanliness of the area, periodical and general housecleaning, arranging for all work done, preparing for painters, reporting of repairs, handling of emergencies, following up all work, changing and storage of draperies, etc. Records of all work done are maintained by the supervisor in the Bailey Book.

All housekeeping supervisors report for work before their people come on duty. They hand out keys and supplies which are ready for them. From then on their work is supervisory.

The office manager-secretary . . The duties of the office manager-secretary in the service room of the housekeeping department are:

Buying of stock linen.

Issuance of linen to central linen room and supplementary departments by requisition and billing such linen.

Yearly inventory of stock linen, checked by comptroller.

Requisition of new employes through personnel department.

Handling forms for all new employes.

Receiving furnishings, drapery materials and equipment from outside vendors.

Checking and approving bills.

Preparing estimates of costs and charges on work done by housekeeping for medical school sections and supplementary departments.

Check daily laundry lists for rates and charges.

Check weekly and monthly statements.

Check housekeeping's general ledger.

Clerk . . The clerk has charge of the service room which is the information center for all housekeeping activities.

She answers all in-coming telephone calls and routes them.

Orders weekly supplies from a central stockroom.

Checks supplies when received.

Approves requisitions.

Distributes supplies, including those to painters.

Keeps daily records of all supplies issued to service groups and painters.

It is here in the service room that personnel are given their daily supplies ordered the day before on a regulation printed form. All pass keys are on a key board. Each pass key or set of pass keys is on a ring attached to a leather strap with a cone-shaped leather piece slipping down over the keys. This is to keep the keys from tearing clothing. The clerk also handles the room and locker keys of the Clinics.

There are four cabinets or files of keys. They are kept in envelopes, properly identified. Ordering of new or duplicate keys and changing of locks is handled by the clerk. Draperies, curtains, slip covers and rugs are counted, listed and sent out from the service room to be cleaned. They are delivered here and checked in after being cleaned.

All housekeeping employes report for duty at the service room, punch the time clock in and out, read notices on the bulletin board as to days off, Sunday work, vacations, etc. Notices to wall washers and painters are put on a blackboard in the service room. Notices, work orders, etc., for housekeepers, training supervisor, housemen, refinishers, etc., are on wall spindles in the service room.

While all cleaning work is done by women, a few men are used for some of the daily routines. House and utility men, supervised by a head houseman, clean and repair window shades and make new ones. Venetian blinds are cleaned by the women wall washers but they are repaired by men.

Men clean, oil and make minor repairs on housekeeping equipment, machines, wheel chairs, etc.

Ice has been delivered to all parts of the Clinics from an ice plant. This activity soon will be replaced with individual ice coolers on the divisions.

Refuse of all sorts, including paper, is collected throughout the hospital and taken to the incinerator room for disposal. Glass and breakage are put in metal cans to be carried away. An outside firm takes away dietary garbage.

A man is employed to operate the incinerator. He washes the garbage cans, which are distributed to the floors on an exchange basis. ■

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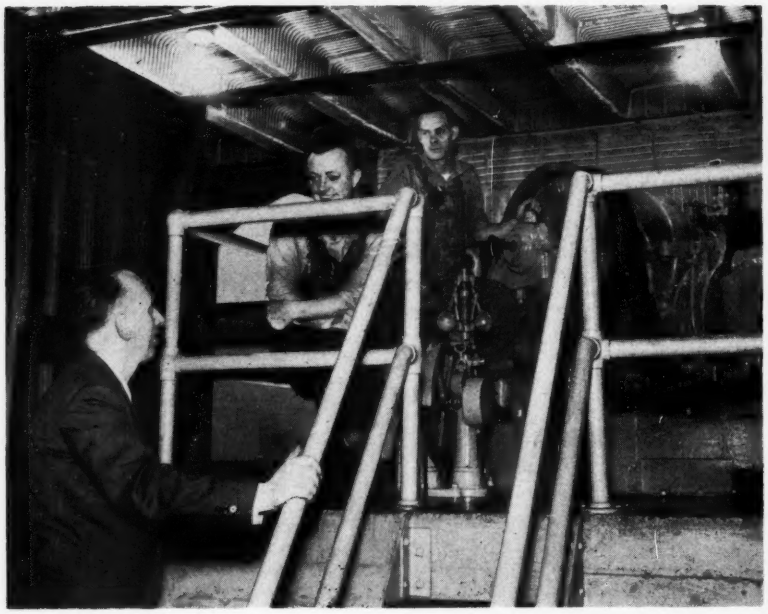
The University of Chicago Clinics

The engineering department of the University of Chicago Clinics

by **Frank Proudfoot** Chief Engineer • The Engineering Department

■ THIS ARTICLE EXPLAINS some of the functions of the Operating Engineering Group, describes briefly certain interesting mechanical equipment, passes on some useful information gained through the years and cites a few of the more important conditions and rules that apply to the Clinics' engineering.

The department maintains the physical structure of the buildings and all utility services. Since it is responsible for a large part of the expense of the Clinics, it is naturally the engineers' endeavor to give good service at the least possible expense.



Frank Proudfoot . . the author of this article, at left, with engineers in orthopedic elevator room

Budget . . Before the beginning of the fiscal year the engineer presents a statement to the administrator covering his recommendations for equipment replacements and major equipment repairs. Items are classified as "urgent," "necessary," or "desirable." A good engineer can anticipate major repairs, and funds are earmarked for this purpose. Nothing is harder on the engineer or the administrator than to be faced with a totally unexpected heavy expense in the middle of the fiscal year with no funds available.

The budget is based on the experience of the past year. The engineer makes up a monthly log covering important items such as replacements, improvements, changes in the department's personnel and major breakdowns, if any. The monthly logs are summarized at the end of the year and a yearly log is incorporated in the annual report of the institution. When the engineer knows he is expected to do this he can make a report which is a substantial basis for his budget.

Preventative maintenance . . At the Clinics, a preventative maintenance program has been followed for many years and has definitely proved its value. Man hours required to maintain the equipment have been reduced and major breakdowns largely prevented.

For example, before this program was set up, it was a full-time job for one man to maintain the hospital elevators and dumbwaiters. After a routine oiling, cleaning and inspection schedule was made up, it was found that not only were interruptions reduced but necessary man hours were lessened to such an extent that the elevator repairman now also maintains the electric motors, a job previously requiring another man.

A simple preventative maintenance system is followed. Mimeographed forms are used, listing classified or departmental equipment. One list covers Dietary Department equipment, another operating room equipment, another refrigerating equipment and so on. Every piece of building equipment is covered.

In any departmental list, for instance, every piece of equipment is itemized, and space is provided opposite each item with boxes for check offs, oiling, cleaning, adjustments, etc. Space is provided on the back of the list for any remarks regarding the equipment which should be brought to the chief engineer's attention. The lists are distributed to different mechanics at the beginning of each week and are returned within two days, filled out, dated and signed by the individual doing the work. The system points the way to methodical preventative maintenance.

Utilities . . The three major utilities, steam, electric power, and water are vital to every hospital. To help assure the continuity of these serv-

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ices, each has at least two incoming feeder lines. All our eggs are not in one basket.

Steam for the Clinics, for heating, hot water, sterilizing, laundry, cooking and so on is supplied from the University's central steam generating plant. It is piped approximately one mile in two great steam headers from the plant to the Clinics and is metered as it enters the Clinics group.

In line with the poilcy of having more than one feeder, the Clinics' steam supply is taken from two separate points in the headers and cross-connected in the buildings. This system permits a steam header to be shut down for repairs without affecting the Clinics' supply. Accounting for steam cost per pound is a function of the University, but the engineer can keep down costs to the clinics by holding steam waste to a minimum. He actively participates in the University-wide steam conservation program.

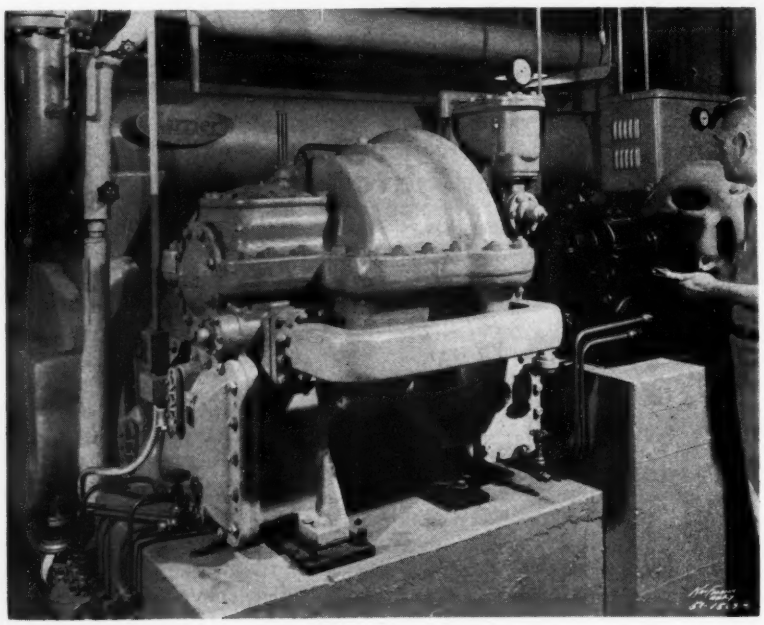
Among other things, the high-pressure steam traps are equipped with test valves and are tested weekly. To simplify steam trap testing, thermometers are installed in sectional return lines; a higher-than-normal temperature reading in a section indicates leaking traps and steam waste, and the section is thoroughly tested for the leaking traps. The weekly temperature reports are entered in the engineer's files. During the heating season, steam use comparison with degree days is checked daily.

Water is supplied to the Clinics at three points from the city water main system and can be cross-connected within the buildings, permitting sections of the water mains to be shut off without affecting the Clinics' supply.

As in most hospitals, purchased electricity is used. This electricity is supplied by the local utility company and is distributed from the University-owned central sub-station. From the sub-station high voltage cables loop the campus. One such loop serves the Clinics. One of the advantages of the loop system is that it gives us a two-feeder supply. Should one leg of the loop be cut off or fail, the other leg will continue to carry the Clinics' electric load. A third leg to the loop is projected at this time. This again is in line with the policy of having more than one feeder for essential utilities.

The high voltage cables are brought into the transformer vaults of the Clinics and there the voltage is reduced to the comparatively low voltages customarily used.

In addition to the regular source, the hospitals have an independent source of electricity for emergency



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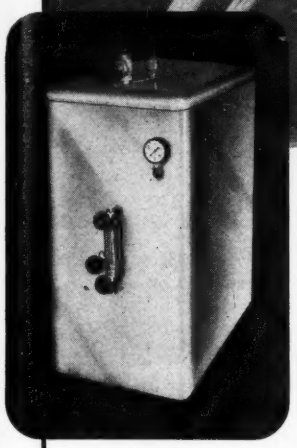

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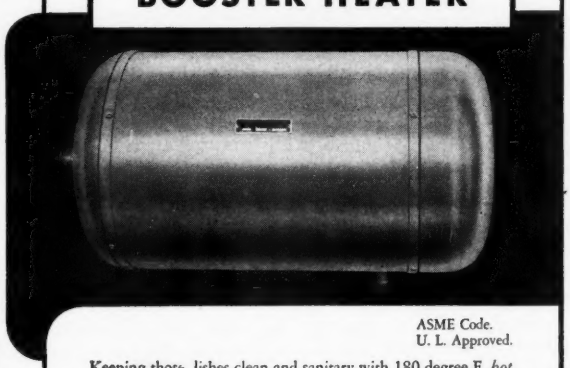

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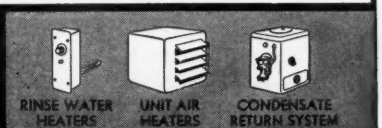

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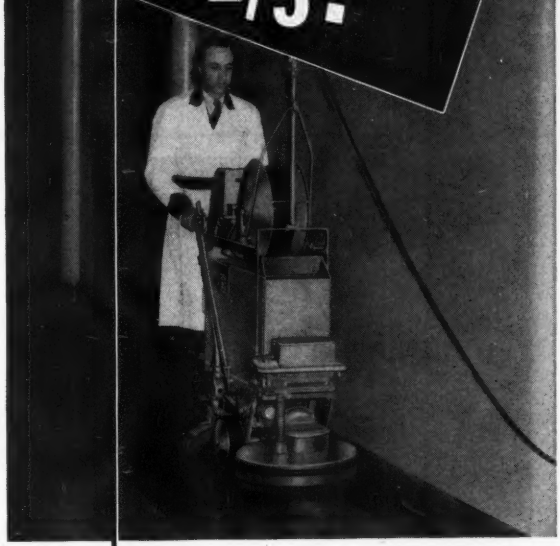

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The *new 418P Scrubber-Vac* can be used for the dry work (polishing, et cetera) as well as the scrubbing. And all the refinements of *Finnell's* larger combination machines are embodied in this smaller unit. Has 18-inch brush ring.

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use (see cut on this page) in case of a total failure of all regular sources. This emergency source provides lighting for exit signs, stairwells, corridors and of course for the operating rooms.

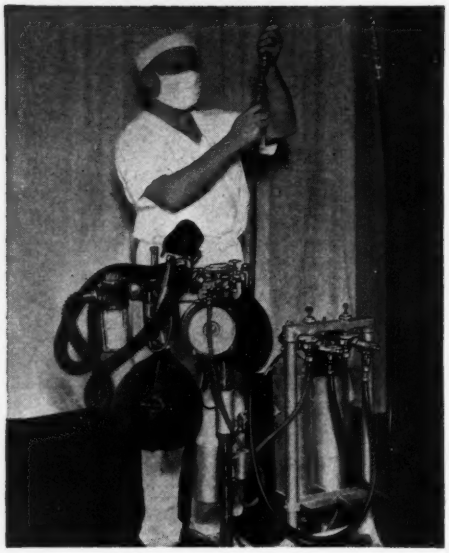
Our city code requires that in new hospitals, this emergency power be supplied from batteries. An automatic switch throws the emergency lighting onto batteries in case of a general lighting failure. I say lighting failure, for batteries are used only for limited lighting and for a limited time, ranging from 1½ hours as required by code up to 3 hours normally desired. We cannot expect to run heavy equipment from them. The switch gear is arranged to switch back automatically to the regular source when normal conditions are restored. In other localities, this emergency lighting could be supplied from a steam-, gasoline- or diesel-driven generator.

This Clinics' newer additions are equipped with batteries; the older ones have depended for many years upon a gasoline-driven generator. In our opinion, although others may disagree, batteries are best and batteries are being installed at this time to replace the generator. It might be worth mentioning that large electric generating stations have batteries for their own emergency lighting use and for operating their switch gear.

Batteries . . are emergency source of electricity should the need arise

There are two points about purchased electricity; first you receive it, then you must pay for it. This electricity cannot be stored; it must be made and used at exactly the same time with the result that the utility company must be prepared to carry the load whenever it is thrown on. During many hours of the day the load is light, but at certain times every day there is a peak or maximum demand, usually 10-12 in the morning and at 2-5 in the afternoon.

On particularly dark days this maximum demand soars. To compensate for this wide variation in demand, the utility companies divide the electric bill into two parts; one is the energy consumed and the other is the peak or maximum demand. The energy consumed may cost 2-3¢ down to less than a cent per kilowatt hour for a large consumer. The peak demand charge however, might be, for instance, $1.90 per month for every kilowatt for the average of the three highest one-half hour loads occurring during the month. This demand charge must be paid every month for the



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Installation of these Schrader Couplers may be made in one ward at a time—or in the operating room only. Some hospitals start with the recovery room, others with the nursery. If you are planning piped distribution of medical gases, you should investigate Schrader Safety Keyed Couplers, as well as Schrader Oxygen Flow Meters and Control Valves.

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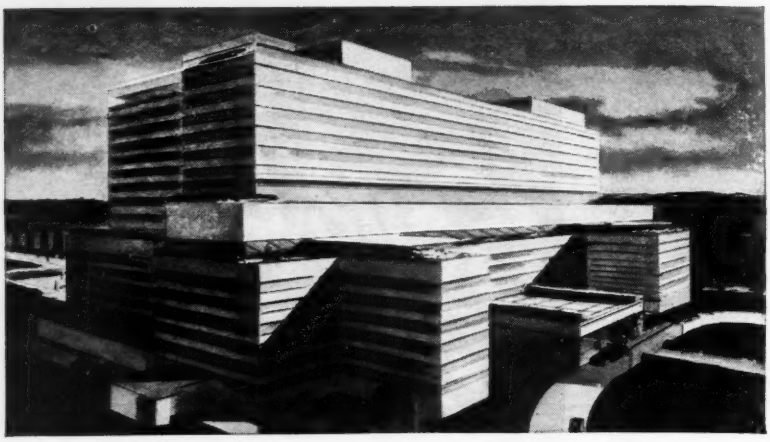

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5. *It simplifies dishwashing, improves cooking*
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next twelve months regardless of energy used, unless a new higher peak is made.

Here at the University, where this condition is very carefully watched, the maximum demand charge approximates 40% of the total electric billing. The engineer—with the cooperation of the administrator—keeps the demand down. On a dark day when the load is heavy he arranges to shut down some of his heavy electric equipment during peak periods and makes substantial money savings.

One more point might be made before leaving this subject. In some of the older hospitals, there may be half a dozen separate bills from half a dozen separate meters, all at a much higher rate than if combined through one meter as is the electricity consumed at the University.

Elevators . . One of the great irritants in a busy hospital is the vertical transportation, that is, elevators. Even in modern hospitals with modern elevators, the service is likely to be a source of irritation to a considerable number of people. Seventeen elevators are in use in the Clinics' buildings. To help keep pace with the increasing need for more and more service, the twenty-year-old elevators in the main building were replaced recently by four of the most modern type. The new elevators have completely automatic controls, high-speed hatch and car doors and the additional feature of operator control. During the busiest hours, with operator control to expedite traffic in and out of the elevator cars, service has been substantially improved. Automatic, self-service control is used during less busy hours. Similar controls are incorporated in the new Goldblatt Hospital and will also be used in the projected Hicks and Gilman Smith Hospitals.

Cooled water and ice . . Until recently, an important duty of the Clinics' engineer was the manufacture of ice for general use in the hospitals. Up to 4,000 lbs. per day were made. The usual method of ice manufacture was followed: open water cans were partially submerged

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in a chilled brine tank, and when frozen, were lifted from the tank and the ice removed from the cans. A housekeeping department employe then crushed the ice and distributed it by hand truck to the different hospital divisions. With so much handling by so many different employes, the danger of contamination was always present.

To eliminate this hazard and also the labor involved in the manufacture and distribution, the bulk ice method has been discarded, in favor of a new and sanitary method which meets all ice and ice cooling needs.

The existing central drinking water system for the building drinking fountains has been rehabilitated, with new cooling units which comply with all city sanitary codes. The system is completely new except for the network of circulating pipes which have been expanded to provide ice water taps in the divisional diet kitchens. Drinking water for patients is provided in vacuum flasks, filled at the new tap by nursing attendants.

Old fashioned icebags are no longer used; instead, modern "re-freezible" cold packs are utilized. These packs are chilled and stored in strategically-located refrigerators.

Cube and flake ice machines provide ice for the cafeteria salads and salad tables. These machines are in the service section of the cafeteria and are attended exclusively by dietary department employes. Cafeteria drinking water is supplied from the central drinking water system.

Fire safety . . Fire safety in the Clinics is in large part a function of the engineering department. The really modern hospital is close to being fire-proof. It is equipped with standpipes with hose cabinets on each floor and in hazardous locations, such as the paint shop, repair shops, linen stores, etc. It has automatic sprinklers, all fed from a fire pump with sufficient capacity to maintain adequate water pressure on the highest floors of the building. The engineer regularly tests the equipment. Semi-annually he inspects the fire hoses and the carbon tetrachloride and CO_2 extinguishers and recharges the soda and acid extinguishers. A tag with the date of inspection is attached to each fire hose and extinguisher.

The newer sections of the Clinics are equipped with Pre-signal and Coded Fire Alarms. Similar systems are being installed in the other sections at this time. These systems are for the building occupants' use only, and are not connected to the city fire alarm. Alarm stations are strategically located throughout the buildings and each section, and each floor in that section has its own designated code signal. All of the alarm stations, however, are connected to four common Pre-Alarm Stations, located in the superintendent's office, the nursing director's office, the telepage office and the engineer's office.

How do YOUR plant operation costs compare with those on page ten ?

When an alarm is pulled, a coded signal alerts the authorized persons at the pre-signal stations, who go to the code-indicated location. If they judge that conditions warrant a general alarm, they can (by using a special key) sound a general alarm to evacuate the section.

Except for the Lying-In Hospital, which is detached from the others, the hospitals are inter-connected. In case of a general evacuation of a section, patients can be rolled in their beds through horizontal exits from one section to another and the evacuated section can be sealed off by the closing of the automatic fire doors between sections.

One point made clear to all hospital personnel is the method by which the local fire department is notified in case of a fire in the Clinics.

The procedure is that as soon as a fire occurs, the telephone exchange operator is notified by whoever discovers the location of the fire. The operator in turn immediately notifies the city fire department. She then contacts our admitting officer who is on duty twenty-four hours a day and he proceeds immediately to the main hospital entrance to conduct the firemen directly to the fire. The engineer is notified by the telephone operator either by phone or public address system. He in turn goes directly to the reported fire location and does what he can to extinguish the flames while waiting for the arrival of the Fire Department.

Safety programs . . The Clinics' Engineering Department actively participates in the University's safety program for service workers. Regular monthly meetings are held. These meetings are attended by the Safety Committee (service workers), a technical adviser from our insurance company, and alternating groups of workers. Primarily set up to instill safe working habits, it permits the workers to point out working hazards and other dangerous conditions. Credit for the low accident rate in the Clinics among service workers is due in large part to the activities of the Safety Committee.

Central oxygen and dry vacuum systems have been used for the operating rooms since 1935. Recently the systems have been expanded. Until now most patients' rooms have piped oxygen and dry vacuum outlets. Air conditioning has been installed in strategic locations such as operating rooms, recovery rooms, birth rooms, x-ray and other critical areas. One hundred and eighty degree hot water for the dishwashing machines in the kitchens is piped from central points. The public address system has been modernized and expanded to cover the entire group. From modern incinerators to the newest clocks, the Clinics may not always be first, but are never far behind in incorporating the latest mechanical developments of the modern hospital.

Because of the constant building and remodeling in the clinical divisions and the installation of new mechanical equipment, from the engineer's point of view the Clinics are in a state of continually interesting and challenging transition. ■

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